



## Youth Camp Registration Packet 2019

NYM Contact Info: 308.384.1234 | [youth@neag.org](mailto:youth@neag.org) | [youth.neag.org](http://youth.neag.org) | PO Box 1965, Grand Island, NE 68802

### IMPORTANT INFORMATION

- Camps are grouped by grade. A student's grade should be based on the grade they COMPLETED. (ex: Seniors that graduated in 2019 would be considered 12th Grade).
- There are a limited number of scholarships available for students with a financial need. The scholarship application and requirements can be found at [youth.neag.org/camp-2019/](http://youth.neag.org/camp-2019/). **Scholarship Application deadline is May 15th.**
- Every attempt is made to room church groups in the same cabin. However, there are a limited number of beds in each room.
- We do not take specific roommate requests. If you have concerns regarding housing, please contact the NYM Office.
- If a camper is bringing medication to camp, the **2019 Camper Medication Form** will need to be filled out and brought with them TO CAMP along with the camper's medication.

### HOW TO REGISTER

#### Option 1: Online

Visit [youth.neag.org/camp-2019/](http://youth.neag.org/camp-2019/) and click the online registration link for the desired camp. You will be able to complete the full registration form and payment online. Online registration will close at 11:59 PM the Thursday before each camp.

#### Option 2: Mail

Send completed registration form with full payment to: NYM PO Box 1965 Grand Island, NE 68802

You cannot mail forms the week prior to camp. Please fax or register online after this date.

#### Option 3: Fax

Fax completed registration form to: 308.384.1370. Fax date will be considered postmark date.

#### Walk-On Policy

We do allow walk-ons for each of our camps. Every walk-on will need to bring a completed registration form and full payment to camp Check-In. While every attempt will be made to house walk-ons with their church group, there are a limited number of beds in each room. Housing priority is given to students that preregistered. Please be aware of this.

### REGISTRATION FEES AND DEADLINES

Forms and payment must be postmarked on or before the dates listed to ensure the registration price.	Early Registration \$225	Regular Registration \$230	Walk-On Registration \$240
<b>High School Camp (Grades 9-12) June 3-7</b>	On or before May 17	May 18-May 30	May 31-Start of Camp
<b>Jr Teen Camp (Grades 6-9) June 10-14</b>	On or before May 24	May 25-June 6	June 7-Start of Camp
<b>MERGE Camp (Grades 6-12) July 15-19</b>	On or before June 28	June 29-July 11	July 12-Start of Camp



## RULES AND REGULATIONS:

1. Campers must pay for any damages they are responsible for.
2. Boys are not allowed in girls rooms, girls are not allowed in boys rooms.
3. Covering or large towel must be worn over bathing suits to and from the pool. Shoes and shirts must be worn at all times outside the dorms.
4. ONLY registered campers and staff are permitted on the grounds. Visitors must be approved by the DYD or Camp Director prior to arrival.
5. No camper shall leave the grounds without proper permission from the DYD or Camp Director, and they must check out at the Nurses Station first.
6. All medications brought to camp shall be clearly labeled to include: Camper's name, name of prescribing physician, prescription number, date prescribed, name of medication, directions for use.

## DISCIPLINE POLICY:

- |             |  |
|-------------|--|
| 1st Offense | Dorm Leader Corrects   |
| 2nd Offense | Visit with Camp Dean   |
| 3rd Offense | Call Home and possibly Sent Home at Camper's/Parent's Expense. |

**RECREATION ACTIVITIES:** Putt-Putt, Playground, Mud-Pit, Various field games (splash kick ball, soccer, football), Dodge Ball, Basketball, Indoor swimming pool, Go-Carts, Gyro, Paintball, Sand Volleyball.

**DRESS POLICY:** We take pride in the appearance of our campers. Your dress reflects the quality of the camp. All campers are expected to dress and groom themselves well. Inappropriate or immodest clothing is not permitted. No clothing portraying indecent, suggestive, or profane writing, pictures, or slogans. No t-shirts cut to show midriff OR THE SIDES OF YOUR TORSO whether male or female. Ladies: No strapless or spaghetti strap shirts/dresses. No shorts or skirts that are too short or too tight. A camper may be asked to change at the discretion of camp staff.

**VISITS / CALLS:** Camp registration begins on Monday at Noon. Camp concludes at Noon on Friday. All campers must be off the campgrounds following lunch on Friday. We ask parents to limit calls to an urgent nature. The office phone number is (308) 324-2361. Evening services are not open to the general public. **Only registered campers and staff are allowed on the grounds!** Students are permitted to bring cell phones, but we ask them to keep them secured and only use them with their dorm leader's permission. The camp is not responsible for lost or damaged cell phones.

**MAIL CALL:** Campers love getting mail! We suggest you send mail prior to the first day of camp to ensure it arrives on time, or send it with an adult from your group. Address mail to: (Camper's Name) (Camp session - i.e. High School Camp) 1006 N. Airport Rd. Lexington, NE 68850

**INSURANCE:** The camp carries coverage secondary to the student's medical insurance.

**LOST AND FOUND:** Please mark your camper's belongings. It is the camper's responsibility to check the Lost and Found. A fee will be charged if you request us to ship lost and found articles after camp. Lost and found items are kept only until the end of the camping season—Approximately Aug 1. We are not responsible for lost items.

## WHAT TO BRING:

- |  |                                      |
|--|--------------------------------------|
| • Sleeping bag/bedding                     | • Flashlight                         |
| • Pillow                                   | • Toiletries                         |
| • Several towels                           | • Sunscreen                          |
| • Pajamas                                  | • Bug spray                          |
| • Nicer clothes for services               | • Spending money                     |
| • Recreational clothes/shoes               | • Medications                        |
| • Sweatshirt/jacket                        | • Bible, notebook, pen               |
| • Swimsuit/cover-up                        | • Plastic bag for wet clothes/towels |
| • Raincoat/umbrella                        |                                      |
| • Outfit to wear in the mud pit/paint ball |                                      |

## WHAT NOT TO BRING:

- Video games
- Fireworks
- Tobacco/alcohol/drugs
- Weapons
- Pets
- Inappropriate clothing
- Pornography
- Hover boards

## CONTACT INFO:

**NYM Office** (Send Forms Here)  
Mail: Nebraska Youth Ministries  
PO Box 1965  
Grand Island, NE 68802  
P: (308) 384-1234  
Fax: (308) 384-1370  
Email: youth@neag.org

**The Crossing Campground**  
Address: 1006 N Airport Rd  
Lexington, NE 68850  
P: (308) 324-2361



We are encouraging everyone to  
register online this year.

Online registration is available at:

**[youth.neag.org/camp-2019/](http://youth.neag.org/camp-2019/)**

If you have any questions,  
please contact the NYM Office:

P: 308.384.1234

E: [youth@neag.org](mailto:youth@neag.org)

# NYM YOUTH CAMP 2019 | CAMPER REGISTRATION FORM

## 1. WHICH CAMP(S) ARE YOU ATTENDING?

☐ High School Camp: June 3-7 (Grades 9th-12th) ☐ Jr. Teen Camp: June 10-14 (6th-9th) ☐ MERGE Camp: July 15-19 (6th-12th)

## 2. CAMPER INFORMATION

**\*EACH CAMPER MUST COMPLETE A SEPARATE FORM**

Name \_\_\_\_\_ Gender at Birth: M / F Grade Completed \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell # \_\_\_\_\_

Must be different than Parent/Guardian listed

Church you are registering with \_\_\_\_\_  
Church Name City

## 3. MEDICAL INFORMATION

**\*MUST BE FILLED OUT BY A PARENT OR GUARDIAN**

Do you have insurance? ☐ Yes\* ☐ No \*If Yes, Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Phone# \_\_\_\_\_

Clinic/Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Date of last medical exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are all immunizations current with state requirements? ☐ Yes ☐ No\*

\*If No, please explain: \_\_\_\_\_

Food Allergies: ☐ Yes ☐ No If Yes, Please list \_\_\_\_\_

Other Allergies: ☐ Yes ☐ No If Yes, Please list \_\_\_\_\_

History of: ☐ Heart trouble ☐ Diabetes ☐ Fainting ☐ Asthma ☐ Allergies ☐ Nosebleeds ☐ Headaches

☐ Other: \_\_\_\_\_

Mobility Limitations/Restrictions: \_\_\_\_\_

Other Medical History: \_\_\_\_\_

Camper is allowed to be administered: ☐ Ibuprofen ☐ Tylenol ☐ Benadryl ☐ Pepto-Bismol ☐ TUMS

Will Camper be bringing Medication? ☐ Yes\* ☐ No

\*If Yes, Please list \_\_\_\_\_

\*If Yes: I understand that the separate **2019 Camper Medication Form** MUST be filled out and turned in AT CAMP with the student's Medication. Parent Initial \_\_\_\_\_

### For District Office Use Only - Do Not Remove

<input type="checkbox"/> Personal Check	<input type="checkbox"/> Church Check	# _____	Amount \$ _____	Date Received _____
<input type="checkbox"/> Personal CC	<input type="checkbox"/> Church CC	<input type="checkbox"/> Cash	<input type="checkbox"/> Split _____	



#### 4. Parental/Guardian Authorization:

After reading this entire form, I \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_ (camper's name) hereby give permission for my child to attend an NYM Camp in 2019.

I further certify that the medical history is correct as far as I know. I acknowledge that in the event of an emergency every effort to contact me and my emergency contact will be made, with that in mind, Nebraska Youth Ministries, its agents and employees, have permission to transport my child to such a physician and/or hospital as they may select, and to authorize and secure hospitalization, treatment, surgery, and/or medications for my child as they or the health care professionals involved may deem necessary for my child's well being. I agree to hold harmless Nebraska Youth Ministries, its agents and employees, with respect hereto.

I allow my student to participate in camp recreational activities including but not limited to: Playground, Mud-Pit, Various field games (splash kick ball, soccer, flag football, etc.), Dodge Ball, Basketball, Indoor swimming pool, Go-Carts, Gyro, Sand Volleyball.

I also understand that participants at The Crossing Campground are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian.

I have reviewed the camp dress code policies with my child. Camper's signature below confirms his/her agreement to abide by camp policies including dress code.

I understand that every effort will be made to room church groups in the same cabins. However, due to the structure of the camp and the limited number of beds, this is not always possible.

Permission is given to Nebraska District Assemblies of God to use photographs (individual or group) and/or multimedia images and recordings in the best interest of Nebraska District Assemblies of God.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Camper Name (Print)

\_\_\_\_\_  
Date

#### 5. PAYMENT/BILLING INFORMATION

##### Registration Fee

- ☐ Early Registration Fee ..... \$225
- ☐ Registration Fee ..... \$230
- ☐ Walk On Fee ..... \$240

Total Before Add-ons/Discounts \$ \_\_\_\_\_

##### Add-ons/Discounts

- ☐ AIM Discount ..... -\$45  
(Student attending the Colombia AIM Trip. If used other discounts do not apply.)
- ☐ Feeding Program Discount ..... -\$13

##### Qualifications

Household Size—Monthly Income (must be less than...)

1—\$1,872	4—\$3,870	7—\$5,868
2—\$2,538	5—\$4,536	8—\$6,534
3—\$3,204	6—\$5,202	9—\$7,200

##### The Following information is required in to receive the Discount

Household Size \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_  
Last 4 digits of Head of Household's SS# \_\_\_\_\_

- ☐ Large Family Discount ..... -\$30  
(Applies if 3+ students from the same household attend any 2019 NYM Camp, list other students below)

\_\_\_\_\_  
Name Camp Attending

\_\_\_\_\_  
Name Camp Attending

- ☐ T-Shirt (Circle Size: S M L XL 2XL 3XL) ..... +\$12  
(Please Note: \$85 is non-refundable) **Total \$ \_\_\_\_\_**

##### Registration Deadlines \*Must be Postmarked by

	Early Deadline	Walk-On Fee Starts
<b>High School Camp June 3-7, 2018</b>	May 17, 2018	May 30, 2018
<b>Jr Teen Camp June 10-14, 2018</b>	May 24, 2018	June 6, 2018
<b>MERGE Camp July 15-19, 2018</b>	June 28, 2018	July 11, 2018

##### Paying by Check:

Make All Checks out to Nebraska Youth Ministries

##### Paying by Credit Card:

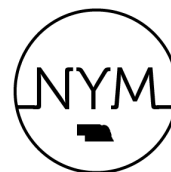
Name \_\_\_\_\_ Billing Zip \_\_\_\_\_

Card # \_\_\_\_\_ EXP \_\_\_\_/\_\_\_\_ CVC \_\_\_\_\_

Email \_\_\_\_\_

##### Mail Forms and Checks to:

Nebraska Youth Ministries  
PO Box 1965  
Grand Island, NE 68802



## 2019 Camper Medication Form (Turn this in AT CAMP)

If your camper needs to bring any medication to camp, **please complete this form within 24 hours prior** to your camper's arrival at camp. **All medications must be the original containers.** Place all medication containers in a plastic bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the nurse's table during camp check-in. Inhalers are the only meds that can be kept with the camper (please send two in case one is lost).

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Church: \_\_\_\_\_ Room #: \_\_\_\_\_ (Filled in at Camp)  
Church Name City

Medication 1: \_\_\_\_\_ Dosage: \_\_\_\_\_ As Needed: \_\_\_\_\_

Please list the dosage to be administered in the table below.

	Breakfast	Initial/ Time	Lunch	Initial/ Time	Dinner	Initial/ Time	Bedtime	Initial/ Time	Other	Initial/ Time
Monday	EXAMPLE: 1/2 tab	For camp nurse								
Tuesday										
Wednesday										
Thursday										
Friday										
Notes:										

Medication 2: \_\_\_\_\_ Dosage: \_\_\_\_\_ As Needed: \_\_\_\_\_

Please list the dosage to be administered in the table below.

	Breakfast	Initial/ Time	Lunch	Initial/ Time	Dinner	Initial/ Time	Bedtime	Initial/ Time	Other	Initial/ Time
Monday	EXAMPLE: 1/2 tab	For camp nurse								
Tuesday										
Wednesday										
Thursday										
Friday										
Notes:										

*If the student has more than two medications, print and attach a second medication sheet.*

Parent/Guardian: I, \_\_\_\_\_, Parent/Legal Guardian of \_\_\_\_\_  
(camper's name) authorize the Camp Medical Personnel to administer the medications listed above. I authorize the Camp Executive Staff to consent to medical treatment when either my emergency contact or I cannot be reached. I understand that every effort will be made to contact me before such action.

Parent Day Phone: \_\_\_\_\_ Parent Evening Phone: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_