



## REGISTRATION INFORMATION AND INSTRUCTIONS

**CAMP TIMES** Check-in for all camps is from 4 pm to 5 pm on the first day of camp. Pick up is 4:00 p.m. for all camps on the last day of camp. Check-in and Pick-up will occur in the Multi-Purpose building.

**FAMILY DISCOUNT** Multiple campers in the same family are eligible to receive a family discount. The camper whose fee is greatest will pay full price. Each additional camper from the same family will receive 25% off the registration fee for the camp attended.

**WHAT'S INCLUDED** A camp t-shirt, all meals, 2 snacks per full day of camp, access to camp photos, lodging, and all activities are covered by the camp fee. If the photos are provided on a DVD, the DVD will be sent to you over the summer.

**ZIP LINE** All campers will have the opportunity to use one of our zip lines, unless parents request otherwise. Our Jr. Zip line will be available for campers under 4½ feet tall. The big zip line will be available for older students, the use of which will require a separate authorization and release signed by a parent or guardian. No one will be forced to use either zip line.

**WHAT TO BRING** Campers should bring play clothes that can be easily replaced if stained or torn during activities. Other items to pack include: bedding (sleeping bag, pillow, blanket), towels, rain poncho, toiletries, Bible, notebook, pencil, medicine in original containers (will be kept in first aid station), flashlight, bug spray, sun block, a jacket or sweatshirt and pants for cool evenings, and a swim suit (one piece for girls please). Campers may also want to bring one nice outfit for a special dinner during the week. Bring extra shoes.

**WHAT TO LEAVE HOME** Please leave personal electronic devices such as phones, mp3 players and tablets at home. In case of emergency parents can contact the camp office by phone or email. Do not bring weapons, drugs or alcohol. Students who bring weapons, drugs, or alcohol will be sent home.

**TSHIRTS** We will do our best to ensure that your student receives the size t-shirt requested for all campers registered by the early bird deadline - May 20. Students registering late may not be able to receive the size T-shirt they prefer.

**ADDITIONAL SNACKS WILL BE AVAILABLE TO PURCHASE.**

**REGISTRATION FORMS** are to be completed and returned to the camp along with payment for registration. These include the camper information form, waiver form, and health form. **Please note that a pastor or authorized official at your church must sign the information form if your student is to receive a scholarship from your church.** All forms must be filled out completely. All registrations post-marked by May 20 are eligible to receive early bird fees.

### MAIL THE COMPLETED FORMS TO:

Youth Camps Program Director  
YCL Ministries  
6750 W 900 S  
Claypool, IN 46510



**CAMPER INFORMATION**

Name: (Last) \_\_\_\_\_ (First): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  F  M

T-Shirt Size (circle): YM YL S M L XL XXL

Referred By: \_\_\_\_\_

Bunkmate Request: (1<sup>st</sup> request) \_\_\_\_\_ (2<sup>nd</sup> request) \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

Email: \_\_\_\_\_

My child may be picked up by: \_\_\_\_\_

My child **may not** be picked up by: \_\_\_\_\_

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

[ The child listed above has my permission to attend camp at YCL Ministries and participate in all activities. I also understand that YCL may use all pictures or videos taken of my child for future promotions. ]



CHURCH INFORMATION

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

I ( \_\_\_\_\_ ) am authorized by the board of our church to award a scholarship in the amount of \$ \_\_\_\_\_ to be applied to the registration fee for the camp (see below) selected by the indicated camper.

Authorized Signature/Title \_\_\_\_\_

FEE SCHEDULE

(Registration must be received by date given to receive early rates.)

Camper Name: \_\_\_\_\_

Desired Camp (Please Check)

	By May 20	After May 20
___ Tadpole Camp (K-1 <sup>st</sup> Grade): June 29-30	\$60	\$70
___ Kids' Zone (2 <sup>nd</sup> -4 <sup>th</sup> Grade): June 25-28	\$175	\$200
___ Camp Blast (4 <sup>th</sup> - 6 <sup>th</sup> Grade): June 18-22	\$200	\$225
___ Junior High (7 <sup>th</sup> -8 <sup>th</sup> Grade): June 25-29	\$200	\$225
___ Senior High (9 <sup>th</sup> -12 <sup>th</sup> Grade): June 11-15	\$200	\$225
___ Worship Music Camp (9 <sup>th</sup> -12 <sup>th</sup> Grade): July 25-27	\$150	\$175

\*Campers are encouraged to attend the camp that is for the grade they will be attending in the fall.

Cost: \_\_\_\_\_: Registration Fee(s)  
 - \_\_\_\_\_: Family Discount (If applicable)  
 - \_\_\_\_\_: Church Scholarship **\*\*\*Check from church due by arrival for check-in.\*\*\***  
 = \_\_\_\_\_: Total Due

Total Enclosed: \$ \_\_\_\_\_ Balance due on arrival: \$ \_\_\_\_\_



**WAIVERS**

Camper Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Public Relations and Resource Development Waiver**

I give permission for the use of any photograph, video, or art work taken of or produced by my child in interpreting/promoting Yellow Creek Lake Ministries programs to the public.

**Parent/Guardian Signature:** \_\_\_\_\_

**Medical Treatment Waiver**

I understand that, if medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the camp staff to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. I also understand that I and/or my insurance company are responsible for payment of the medical costs incurred.

**Parent/Guardian Signature:** \_\_\_\_\_

**Activities Waiver**

I understand that my child's participation in camp at Yellow Creek Lake Ministries may include activities such as, but not limited to, sports, zip line, archery, swimming, hiking, running, climbing and other activities. I give my child permission to engage in all youth camp activities unless I communicate a restriction in writing to day camp staff in a timely manner. At this time I wish to place the following restrictions on my child's activities:

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

I understand that my child will be sent home if his/her behavior endangers the health or welfare of others, disrupts camp activities, or is otherwise deemed inappropriate by camp staff according to camp policies. If my child must return home, I will arrange transportation within a reasonable time specified by camp staff.

**Parent/Guardian Signature:** \_\_\_\_\_



**REQUIRED HEALTH INFORMATION**

**Camper Name:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Name of Primary Physician:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

**[Please attach a copy of your insurance card to this form. Copy both sides of card, if necessary.]**

**Special Dietary Needs:**

**General Health History:** Put an **X** on any "yes" answers, please explain on next page. Has (does) camper:

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Recently been hospitalized?                 | <input type="checkbox"/> 12. Have a history of diarrhea/constipation?              |
| <input type="checkbox"/> 2. Ever had surgery?                           | <input type="checkbox"/> 13. Have a history of bedwetting?                         |
| <input type="checkbox"/> 3. Have recurrent/chronic illnesses?           | <input type="checkbox"/> 14. Traveled out of the USA in the past year?             |
| <input type="checkbox"/> 4. Recently had an infectious disease?         | <input type="checkbox"/> 15. Had seizures?   |
| <input type="checkbox"/> 5. Had a recent injury?                        | <input type="checkbox"/> 16. Had chronic headaches?                                |
| <input type="checkbox"/> 6. Have asthma/breathing problems?             | <input type="checkbox"/> 17. Wear glasses/contacts/protective eyewear?             |
| <input type="checkbox"/> 7. Had recent fainting or dizziness?           | <input type="checkbox"/> 18. Ever been treated for ADD or ADHD?                    |
| <input type="checkbox"/> 8. Faint or have pain during exercise?         | <input type="checkbox"/> 19. Ever been treated for behavioral or eating disorders? |
| <input type="checkbox"/> 9. If female, have problems with menstruation? | <input type="checkbox"/> 20. Been seen for mental/emotional concerns?              |
| <input type="checkbox"/> 10. Have sleeping problems?                    | <input type="checkbox"/> 21. Other concerns that may affect camp life?             |
| <input type="checkbox"/> 11. Have any skin problems?                    |  |



**General Health History (Continued):** Explanations for yes answers.

**Medication:** Please fill out if camper will be taking daily medications. Remember all medications must be in their original containers with their name and instructions on how medication is given. All medications will be turned in to the first aid administrator at check in. Additional medications may be listed on a separate page.

Name of Medication	Date Started	Reason	Time Administered	Dose Given	Administered How?

List any medications the camper **may not** receive:

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