

Youth Camp 2023 Church Packet

4-Step Process [] | ^ c ^ s | A - A @ A c | • A ~ c a A ^ | | , A [A ^ & ; ^ A [~ I A ^ * a d a a] A a a p r i c e [] | ^ c ^ A [{ • A a A a s ^ | a e / A ~ a (a c a * A @ A ^ ~ a a A A [& { ^ } c A q | A ^ ~ | o s A a e / A s & ^ a e ^ A [A @ A ^ c o s ^ A a | a ^ • A | a e E

Step 1: Complete Online Camp Week Request

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Step 2: Complete Online Registration for Students and Leaders

A. Student and Leader Registration

È Once availability of the camp you have requested is confirmed, the team , a | A ^ } a A [~ A link through Brushfire that is specific to your church. Use the link to register students, leaders, and YOURSELF.

B. Requirements for Leaders

È T a a d A e A A U ~ ~ a a A [{] | ^ c a] A c ^ | ^ A A a e • E O a s @ A ^ , A a a ^ | A q | A ^ & a ^ A A { a a A [{ A Ministry Safe. They must complete the background questionnaire and sexual abuse awareness training within 14 days of receiving the emails.

- If a leader has completed MS with NTYM within the last 2 years, they will not receive emails. We will update their registration to show this step is complete.

Step 3: Mail in or Make Payment Online

Mail to: NTYM ATTN: Camp # P.O. Box 838 Waxahachie, TX 75168

È U P O A @ ! & A [a e { ^ } A c a s [c ^ | • A s | **NON-REFUNDABLE** A F e e A [] [• a A ^ | A c a ^ } a a A a a ! .
È Payment can be made by church check or online at youth.northtexas.ag.

- You will receive an invoice two weeks before camp for the group balance, due by or at camp check in, excluding your deposit or previous payments.

Step 4: Complete Online Consent Form

È This will be emailed directly to the over 18 attendee or parent/ guardian. This email will come from "Gabrielle Miller via DocuSign" please make sure this is submitted before the current deadline as registration cannot be confirmed without it.

È Failure to register the correct email will result in a \$10 resubmission fee per registrant.

For Example:

- *Coordinator's email is entered instead of the parent or leader's email.*
- *Person registering enters email with a typo resulting in the automatic system being unable to process.*

A FEW THINGS TO REMEMBER:

Registration + Deposit = Confirmed Spot for Camp

- **Online Registration + Online Consent Form + Deposit = Confirmed Spot for Camp**
- **Individual price is determined by the completion date of all three steps**

ONLINE REGISTRATION IS CONSIDERED A COMMITMENT TO PAY THE DEPOSIT. Registration is considered a commitment to pay the deposit. Once you register, you are committed to pay the deposit.

CHANGES

To request a change of information for a student or leader that has already completed online registration, please email Gabi at gmillar@northtexas.ag.

DEPOSIT TRANSFER

Before registration, a \$10 deposit is required. This deposit is non-refundable. Once you register, you are committed to pay the deposit. The deposit is used for a \$10 transfer fee.

LEADER DEPOSITS CANNOT BE TRANSFERRED.

MEDICATION AT CAMP

Medication must be brought to camp 24 hours prior to camp. Medication should be in its original packaging and labeled with the camper's name. **DO NOT MAIL THIS FORM.**

CONFIRMATIONS

Team colors will not be released until this confirmation.

PRE ORDERS

NTYM offers 2 nonrefundable pre order options:

- Refillable camp water bottle for \$15
 - o Water bottles can be used in the Oasis Snack Shack for free refills of water or soda throughout the duration of camp. Bottles may be purchased at camp for a higher price.
- Limited edition 2023 camp t-shirt for \$20
 - o Pre order t-shirts are unavailable for purchase at camp. They must be ordered in advance while registration is open. Don't miss out on awesome Camp Merch!

If a camper or leader has selected a pre order but needs to cancel their registration, the pre order(s) will still be charged and reflected on your final invoice as they are nonrefundable. The coordinator will still receive the bottle or shirt at check in regardless if the individual attends.

YOUTH CAMP 2023 PRICING

Registration will close two weeks before your camp. Transfers/changes are subject to approval when registration has closed. New Campers cannot be registered at Camp Check-In.

Camp 1: June 20 - 23 || Registration Closes 6.5.23

Rates & Dates Complete Registration by:	NOW – Dec 31 EARLY	Jan 1 – Apr 19 ON TIME	Apr 20 – May 24 LATE	May 25 - CLOSE OF REGISTRATION
Student	\$230	\$245	\$260	\$280
Leader	\$170	\$180	\$200	\$220

Camp 2 : June 23 - 26 || Registration Closes 6.9.23

Student	\$230	\$245	\$260	\$280
Leader	\$170	\$180	\$200	\$220

Camp 3 : June 26 - June 30 || Registration Closes 6.12.23

Student	\$270	\$285	\$300	\$320
Leader	\$205	\$215	\$235	\$255

Camp 4 : June 30 - July 3 || Registration Closes 6.16.23

Student	\$230	\$245	\$260	\$280
Leader	\$170	\$180	\$200	\$220

Camp 5: July 3 - 7 || Registration Closes 6.19.23

Student	\$270	\$285	\$300	\$320
Leader	\$205	\$215	\$235	\$255

Camp 6: July 7 - 11 || Registration Closes 6.23.23

Student	\$270	\$285	\$300	\$320
Leader	\$205	\$215	\$235	\$255

2023 CAMPER APPLICATION

This form is provided to assist Churches with collecting camper information.

**YOUTH CAMP
ONLINE REGISTRATION
REQUIRED**

**CHURCH USE ONLY
DO NOT MAIL**

CAMPER INFORMATION

Name _____ Camp # Attending _____
Male Female Date of Birth ____ / ____ / ____ Grade next fall _____ Age _____ T-shirt Size _____
Church _____ Church City _____

***Pre order Refillable Water Bottle \$15 Y / N**

***Pre order Limited Camp 2023 T -Shirt \$20 Y / N**

Is there anyone your child should **NOT** be released to? Yes No If yes, Name(s) _____

Is this child adopted or in foster care? Yes No (optional)

CHRONIC/RECURRING CONDITIONS: Please list _____

Are activities restricted: Yes No If yes, please explain _____

ALLERGIES/ MEDICINE:

Please list food allergies: _____

Other allergies: _____

My camper may be given Tylenol? Yes No

My camper may be given Benadryl? Yes No

My camper may be given Ibuprofen? Yes No

My Camper may be given over the counter, non-prescription medications or applications, not to exceed the recommended dosage for stomach discomfort, burns, cuts, insect bites, rash or scrapes. Yes No List Exceptions: _____

If your Camper is on any medication, please read and complete the Medication Form and bring the form to camp.

PARENT/GUARDIAN INFORMATION

Parent/Guardian _____ Mobile Phone _____ **Email Address** _____

Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT

If Parent/Guardian **CANNOT** be contacted, please notify:

Name _____ Mobile Phone _____ Other Phone _____

APPLICATION AUTHORIZATION

I authorize camp staff to consent to medical treatment when myself or my emergency contact cannot be reached. I understand that every effort will be made to contact me regarding medical attention given to my child. I also understand that participants at Lakeview Camp 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 understand that camp is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the camp. I acknowledge that if my child's behavior is deemed unacceptable, I am required to remove my child from camp immediately. Finally, 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. I also grant my permission to North Texas District Council to use photographs (individual or group) and/or multimedia images and recording in the best interest of the North Texas District Council. I have reviewed the camp information sheet and gone over the camp and dress code policies with my child. Camper signature required: Agree to abide by camp and dress code policies.

Parent Signature _____ Date _____

2023 LEADER APPLICATION (18+ YEARS OLD)

**YOUTH CAMP
ONLINE REGISTRATION
REQUIRED**

This form is provided to assist Churches with collecting leader information.

**CHURCH USE ONLY
DO NOT MAIL**

Camp # Attending _____

Church _____ Church City _____

Name _____ Male _____ Female _____ Date of Birth ____ / ____ / ____ Age _____

Phone _____ E-mail _____

Physical Street Address (NO PO Boxes) _____

City _____ State _____ Zip Code _____

T-Shirt Size (Adult) _____

*Pre order Refillable Water Bottle \$15 Y / N

*Pre order Limited Camp 2023 T -Shirt \$20 Y / N

Ministry Safe: NTYM requires a background check screening and sexual abuse awareness training completion every 2 years. This cost is included in your leader fee. Ministry Safe will email you further instructions to be completed within 14 days of receiving it.

Have you ever been convicted of (or plead guilty to) child abuse or a crime involving actual or attempted sexual molestation of a minor or adult? YES NO If yes, please explain _____

Have you ever been convicted of (or plead guilty) to any other crimes? YES NO

If yes, please explain _____

CHRONIC/RECURRING CONDITIONS:

Are activities restricted: YES NO If yes, please explain _____

Do you have any physical disabilities or limitations? _____

ALLERGIES/ MEDICATION:

Please list any food allergies: _____

Any other allergies: _____

Current Medication(s) Needed During Camp? YES NO

If yes, please read and complete the Medication Form and bring the form to camp.

Leader may be given Tylenol? Yes No

Leader may be given Benadryl? Yes No

Leader may be given Ibuprofen? Yes No

Leader may be given over the counter, non-prescription medications or applications, not to exceed the recommended dosage for stomach discomfort, burns, cuts, insect bites, rash or scrapes. Yes No List Exceptions: _____

EMERGENCY CONTACT

Name _____ Mobile Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

"As the applicant, I affirm that the information on this form is accurate to the best of my knowledge. I acknowledge that all tobacco (including e-cigarettes and vapes) in addition to any form of alcohol or illicit drugs are strictly prohibited from camp property.

I authorize the North Texas District to have a criminal background check done by the agency of their choosing and understand that my acceptance as a camp leader is contingent upon the results. I also agree to have my Pastor contacted for a reference regarding my character and suitability for youth work. I waive any rights that I may have to inspect references provided on my behalf.

I authorize camp staff to consent to medical treatment for me when either I am unable to respond or my emergency contact cannot be reached.

I also understand that I will be held responsible for any medical expenses incurred."

Applicant Name (Print)

Applicant Signature

Date

2023 Camp Medication Form

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).

No medication can be administered unless listed on this form with Parent/Legal Guardian signature.

Medical personnel in the infirmary must administer all camper medications.

Camper _____

Cabin # _____ (to be filled in at camp)

Church/City _____

Parent Day Phone _____

Parent Evening Phone _____

NAME OF MEDICATION	DOSAGE	TIME TO BE GIVEN	Signature and Time Given (Nurse Use Only)					

Comments / Instructions _____

Medications will be given as directed on prescription containers. Explain any differences in instructions.

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/Guardian Signature _____

Date _____

(24 hours prior to camp)