

# Zion Youth Camp 2019

## Youth Registration (ages 13-18)

August 5-10<sup>th</sup>, 2019

Camp Director: Rev. Daniel Humphreys | Camp Secretary: Sarah Humphreys

PARENT/GUARDIAN:

Please complete a separate form for each camper and submit before JULY 12, 2019.

The completed form should be sent to:

Attn: Denise Miller, Zion Fellowship, Inc., P.O. Box 70, Waverly, NY 14892

For questions or concerns, please contact Denise Miller or Rebecca Blodgett at (607) 565-2801.

### CAMPER INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Parent(s) Home Phone \_\_\_\_\_ Parent(s) Work Phone \_\_\_\_\_

Gender:  Male  Female Date of Birth (M/D/Y) \_\_\_\_\_ Grade entering in Sept. \_\_\_\_\_

Age at time of attendance \_\_\_\_\_ Church Name \_\_\_\_\_

### PAYMENT INFORMATION

- **\$210.00** (*payment must accompany registration*)
- **PLEASE NOTE:** T-Shirt orders received after **July 12<sup>th</sup>** are not guaranteed.
- Please make checks or money orders payable to **Zion Fellowship, Inc.**

### CAMP INFORMATION & RULES

The following guidelines for conduct and camp safety are in the best interest of campers:

- All campers are expected to abide by the rules of the camp, which are explained at orientation.
- The camp is closed to VISITORS except when an invitation has been extended by the Camp Director.
- Cars are off limits to campers during the week of camp. Keys will be surrendered at registration and returned at the close of camp.
- No electronic devices (games, mp3 players, cell phones, etc.), noisemakers, fireworks, weapons (BB guns, paint ball guns, etc), alcohol, tobacco, or drugs are allowed. Prescription medication is to be administered by the camp nurse only.
- Camp dress code: modest dress is expected of young men and women (no bare midriffs, low cut shirts, sleeveless tops, and short shorts). Young men and women will also be required to wear t-shirts and shorts for all water activities. Those without proper attire will not be allowed to participate in the activities.
- A violation of camp rules may result in being sent home.
- All damages incurred by campers will be billed to a parent and that camper will not be allowed to attend camp again until damages are paid.

I have read and will abide by these rules \_\_\_\_\_  
(*Must be signed by camper*)

# Parental Consent

## RELEASE OF CLAIMS, HOLD HARMLESS, AND AUTHORIZATION FOR EMERGENCY MEDICAL OR DENTAL CARE TO MINOR

This Release and Consent is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
*Month* *Year*

By \_\_\_\_\_ (“Parent”), the parent or legal guardian of \_\_\_\_\_  
*Parent or legal guardian* *Attendee name (minor)*

(Hereinafter referred to as “Minor”)

Description of Activity: **Zion Youth Camp, August 5-10<sup>th</sup>, 2019 at His Thousand Hills, Wellsboro, PA**

1. Parent warrants and agrees that he/she (a) has legal custody or is the legal guardian of the minor listed above; (b) understands the terms of this Release and Consent; and (c) has signed this document by his/her own free will.
2. Parent acknowledges that Minor will, with Parent’s permission, participate in certain activities (“Church activities”) conducted by or sponsored by ZION FELLOWSHIP, INC., its directors, officers, employees, and agents (collectively referred to as “Church”) during the duration of this agreement.
3. Parent, individually and on behalf of Minor, releases and agrees to hold Church harmless from all liability for harm to Minor or Minor’s personal property, resulting directly or indirectly from Minor’s participation in Church activities. Parent, individually and on behalf of Minor, personally assumes all risks and liabilities in connection with Minor’s participation in Church activities and agrees to indemnify Church against any liability which might be assessed against it as a direct or indirect result of Minor’s participation in Church activities.
4. I agree, individually and on behalf of Minor, to release and to hold harmless ZION FELLOWSHIP, INC., its agents, officers, directors, and employees (collectively referred to as “the Church”) from liability for Minor’s injury, death, or damage to or loss of Minor’s personal property, resulting directly or indirectly from his/her participation in the Activity. I personally assume all risks and liabilities in connection with Minor’s participation in the Activity and agree to indemnify the Church from any liability assessed against the Church as a direct or indirect result of Minor’s participation in the Activity. This release includes all risks and liabilities connected with the Activity, whether foreseen or unforeseen.
5. In the event that Minor is injured during the Activity, and I am unable to provide consent to his or her medical treatment, I authorize the Church to consent on my behalf to the performance of any and all medical treatment judged necessary by the Church, until I am able to provide consent or until someone legally able to speak on Minor’s behalf is made available. I agree, individually and on behalf of Minor, to release, indemnify, and hold the Church harmless from any liability which may be assessed against the Church as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**This form is not valid without the signature of a “Witness.”**



# Zion Youth Camp T-shirt order

*Please Note:  
T-shirt orders received after July 12, 2019 are not guaranteed*

## Select Size

**Adult Sizes:**     S     M     L     XL

**Plus Sizes:**     2XL     3XL

**Cost: \$10.00**

*Please include payment with order form and camper registration.*

The t-shirt design will be available will be made available soon on the Zion Youth Camp website at: [www.zionyouthcamp.com](http://www.zionyouthcamp.com)

# HIS THOUSAND HILLS

458 Phippen Road  
Wellsboro, Pennsylvania 16901  
Phone (570) 724-2366  
Fax (570) 724-5149  
[admin@hithousandhills.org](mailto:admin@hithousandhills.org)  
[www.hithousandhills.org](http://www.hithousandhills.org)

## LIABILITY & MEDICAL RELEASE

To Whom It May Concern:

I have insurance to cover any accidents sustained to my child as a result of his/her participation in any activities at His Thousand Hills. His Thousand Hills will in no way be liable for any accidents or injuries that may occur to my child, and is released from all responsibilities and obligations.

Insurance Company Name \_\_\_\_\_

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

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

Permission to authorize necessary medical treatment in the event of an emergency is granted.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# **Full Value Contract**

**I will at all times...**

- 1. Think Safety and act safely**
- 2. Give and receive feedback**
- 3. Not put myself down**
- 4. Not put others down**
- 5. Not confront or provoke others**
- 6. Be an attentive and diligent spotter**
- 7. Balance fun with taking care of business**
- 8. Stay with my group**
- 9. Call group when needed**
- 10. Learn from my mistakes**
- 11. Accept challenges by choice**
- 12. Give 100%**