

# Philly Teen Camp 2018

**Camp Orchard Hill, Dallas PA**

**SUNDAY, June 24th – FRIDAY, June 29th 2018**

Application Deadline: May 16, 2018 ~ Cost: \$290.00 per person

Paintball Session Additional \$25.00 (due with application)

Apply by May 1<sup>st</sup> for a discount of \$15.00 = \$275.00

[www.camporchardhill.com](http://www.camporchardhill.com)

JR. & SR. HIGH Camp is happening during the same week

**CAMP WILL BE SUNDAY 6pm-10am FRIDAY AGAIN THIS YEAR!**

**\$20 late fee will be applied to applications received after May 16, 2018**

**\$125.00 non-refundable deposit due with application. (Balance due at camp.)**

## Camper Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade completed (June 2018): \_\_\_\_\_ Age: \_\_\_\_\_ Circle one: Male Female

Church You are Coming With: \_\_\_\_\_

Address (home): \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Camper Roommate Request: (Housing will be separated in 2 groups: 6<sup>th</sup>- 8<sup>th</sup> Grades & 9<sup>th</sup>- 12<sup>th</sup> Grades)

## Medical Information:

Allergies (Medication, food, etc.): \_\_\_\_\_

Any medical, physical, or learning disabilities: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Insurance Co. Name: \_\_\_\_\_

Group: \_\_\_\_\_ Policy ID: \_\_\_\_\_ Name of Primary Ins. Holder: \_\_\_\_\_

**PLEASE INCLUDE A PHOTOCOPY OF YOUR *INSURANCE CARD* (Front & Back)**

**All medication should be packed in a zip lock bag and labeled with camper's name & instructions!**

## Parent/Guardian Information:

Parent/Guardian name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(other than parent/guardian)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Activity Session Choices:**

Basketball, Dodge Ball, Swimming, Adventure Hiking, Zip Line, Ultimate Frisbee, Wiffle Ball, Volleyball, Soccer, Canoeing, Go Karts, Football, Scavenger Hunt, Fishing, Group Games, Ropes Course, Floor Hockey, Paintball (additional \$25.00), Bible Study, Arts & Crafts, and MORE! **Note: You will sign up for your activities at camp.**

**THIS CAMP HAS A GREAT SNACK STAND- PLEASE BRING CASH IF YOU DESIRE TO USE IT!**

**You are responsible for your money!!!!**

**Camp Rules & Guidelines:**

**Teen Camp is designed to be a time to “Unplug” from distractions and routines, and Connect to the Lord in a unique way.** To minimize those distractions, Campers **may not bring** any electronics (radios, ipods, MP3 players, CD players, DVD players, TVs, computers, video game players of any type, **cell phones**, etc.), fireworks, matches/lighters, knives, firearms, alcohol, drugs, tobacco products, etc. Possession of any of these items is sufficient grounds for dismissal from camp.

**Dress should be modest and appropriate at all times. Swimsuits must be one piece or tankini; no TANK TOPS or SPAGHETTI STRAP SHIRTS; shorts must be modest in length;** no belly shirts; etc. No undergarments should be showing...at any time.

***I have read the above Camp rules and I agree to obey all these rules (as well as those set by the Director at the start of camp) while at Camp. I understand that my failure to do so may result in my expulsion from camp at my parents’ expense. LUNDERSTAND THAT I AM NOT TO HAVE A CELL PHONE AT CAMP.***

**Camper’s Signature:** \_\_\_\_\_

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

**Pastor’s Signature:** \_\_\_\_\_

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

*I realize that children can become injured at camp. I hereby assume all risk of injuries to my child and hereby release and discharge Philadelphia District NYI and Camp Orchard Hill from any and all liability which may result in injury to my child. In consideration of the privilege of my child’s participation in Teen Camp, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Philadelphia District NYI, Camp Orchard Hill, and all Youth Ministries Staff, officers, trustees, ministers, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Philadelphia District NYI Program, as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child’s participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities. I am the legally responsible parent or guardian of my child. I future agree that insurance protection is my responsibility. I give permission for the camp to administer medications as it seems necessary to my child, including medication sent with my child or non-prescription medications available at the camp. In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the camp administration to hospitalize and secure professional treatment (including surgery) for my child. I give my permission for free use of my child’s name and picture in Church pictures, videos, and publications for any participation in a Philadelphia. District NYI sponsored event. I assume financial responsibility for all actions of my child, which may include damage to property or the personal possessions of others. If the staff deems it necessary for my child to be removed from camp due to disciplinary or other problems, I will respond promptly by picking up my child. I realize that the Philadelphia District NYI and Camp Orchard Hill cannot be held responsible for my child’s possessions, and therefore will not send him/her with any valuables.*

***I agree to the above terms. In addition, I understand that my child must obey all the camp rules, and his/her failure to do so may result in early expulsion from camp at my expense.***

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

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

**What to Bring:**

- BIBLE
- Pen & Paper
- Sleeping Bag & Pillow
- Alarm Clock (w/out radio)
- **Appropriate & Modest** Clothes
- 1-Piece Bathing Suit & Towel
- Solid Footwear & Sneakers
- Toiletries

Send this **FORM**, copy of **INSURANCE CARD** (front & back), and **\$125 DEPOSIT** (check made out to: **Phila. District NYI**) to:

**Lisa Plank**  
428 Ranck Road  
New Holland PA 17557



**Questions?** Contact Pastor Darin Parry.....717-355-7800 ext. 17  
Email: dparry@nhcnazarene.org