

New Life Island 2017 Youth Camp Registration: (Confirmations will be sent by email)

Name _____ Address _____
 City _____ State _____ Zip _____ Birthdate ____/____/____ Age (at camp) ____
 Boy Girl Grade Completed in spring this year _____ email _____
 Father _____ Mother _____ Home Phone _____
 Dad Cell/Work () _____ Mom Cell/Work () _____
 Cabinmate Choice (Optional) 1 _____ 2 _____
 Church You Attend _____ Address _____
 City/State/Zip _____

Check Week of Registration:

_____ Teen Week	14-18 years	7/3-7/8	\$350.00	_____ Adventure 1	14-18 years	7/24-7/29	\$405.00
_____ Junior Hi 1	11-13 years	7/10-7/15	\$350.00	_____ Junior 2	8-10 years	8/1-8/6	\$340.00
_____ Junior Hi 2	11-13 years	7/17-7/22	\$350.00	_____ Junior Mini Week	8-10 years	8/3-8/6	\$180.00
_____ Junior 1	8-10 years	7/24-7/29	\$340.00	_____ Adventure 2	14-18 years	8/1-8/6	\$405.00

T-shirt Size (All campers receive a free T-shirt) Youth: M L Adult: S M L XL

A \$75.00 per person, per week deposit must accompany this form. This deposit is non-refundable. If mailed before **May 1** a **\$20.00** discount will be subtracted from the balance, which is due on arrival.

Please Complete the Medical Form and then send, with your deposit to: New Life Island, Box 480 Frenchtown NJ 08825

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2017 Youth Camp Medical Form: This form must be completed and signed in order for your child to attend camp.

Medications taken regularly: _____

Special Conditions: _____

Allergies, please list: _____

Recent exposure to contagious disease: _____

Date of last tetanus shot: _____

Insurance Company: _____ Policy Number: _____

Address: _____ Phone Number: _____

Emergency Contact(s): _____

I authorize the following individuals (family member, church, etc.) to pick up my child from camp.

Authorization: In case of medical emergency, I hereby authorize New Life Island camp staff to obtain emergency medical treatment for the child named on this form. I certify that my child is in good health and is able to participate in the camp program. I hereby give permission for my child to attend camp and to participate in all camp activities including high and low ropes, paintball, and canoeing and tubing done in conjunction with Bucks County River Country. I also give permission for my child's picture and/or digital image to be used for camp promotional purposes.

Signature of Parent or Guardian

Date