

NOMOAG Summer Camp 2018
Monday, June 18th thru Friday, June 22nd



Camp is all about inspiring students to develop a relationship with God through worship, prayer and discipleship. The week will be packed with fun games and challenging times with speakers Ryan & Amy Visconti, music by NCU's Worship Live & DJ Kirk.

Important Info:

For: Students, Leaders & Parents,

Dates:

Leave for Camp: Monday, June 18th, 9:20 am

Return to Northland Cathedral: Friday, June 22nd, 12:30 pm

Location:

Lake Maurer Camp,
901 Lake Maurer Rd, Excelsior Springs, MO 64024

Cost:

\$175.00 by June 1st (camp shirts are available for purchase if ordered by June 1st and cost is \$12.00)

\$180.00 after June 1st (camp shirts available at campgrounds, supplies are limited and cost is \$15.00)

All campers must have a completed Permissions & Liability Release form

Summer Camp Packing Checklist

Clothes

- Underwear
- Socks
- Shirts/T-shirts
- Shorts
- Pants
- Bathing Suit
- Pajamas
- Cap/Hat
- Tennis Shoes/Sandals

Bedding

- Sleeping Bag
- Sheets/ Pillow Case
- Blanket
- Pillow

Miscellaneous items

- Refillable Water Bottle
- Flashlight
- Bible
- \$20 for Snack Shack
- Speed the Light Offering

Personal items:

- Prescriptions (Will be given to nurse)
- Towels
- Wash Cloth
- Beach Towel
- Toothbrush/Toothpaste
- Soap
- Shampoo
- Conditioner
- Deodorant
- Lip Balm
- Sunscreen
- Sunglasses
- Insect Repellent

DO NOT BRING:

There is a zero tolerance policy this year for these items. If these items are brought, the students will immediately be removed from camp.

- Knives, Guns, weapons of any kind
- Fireworks
- Alcohol/Tobacco, Any Drugs that are not prescribed

Cell phones are allowed but not encouraged!

2018 Youth Summer Camp Registration – Cost \$175

1. REGISTRANT INFORMATION

Name _____ Grade _____ Age _____ Birth Date ____/____/____ Gender at Birth M F
Last First 2017/2018

Mailing Address _____
Number Street City State Zip

Phone Number (____) _____ - _____ E-mail _____

T-Shirt: Adult Sizes S M L XL 2XL 3XL

Week Attending: Youth Camp Week 1 (June 18-22)

Due when you arrive at Camp

Shirt is not included in cost, if you would like to order a shirt, please add \$12 to your registration fee

2. CHURCH INFORMATION

Name _____ Northland Cathedral _____ Kansas City _____ Missouri _____
Official Church Name City State

Youth Leader _____ Jerome Sack _____ Phone Number _____ 816 729-6047

Pastor's Signature (required) _____

Pastor, your signature indicates approval of this student's participation in NOMOAG Camps and confirms that registrant attends your church or youth group.

3. MEDICAL INFORMATION

Parent Name _____ Phone Number (____) _____ - _____

Insurance Carrier _____

Policy/Member # _____ Group # _____

Doctor's Name _____ Phone Number (____) _____ - _____

Does camper have diabetes? Yes No When do they take medication? _____

Has camper had a tetanus shot? Yes No Date of shot? _____

Does camper have any allergies? Yes No List Allergies. _____

Please list below all medications your camper will be bringing to camp (all medicines will be submitted to the camp nurse on the first day of camp):

Medication 1 _____ Frequency and Dosage _____

Purpose _____

Doctor's Name _____ Phone Number (____) _____ - _____

Medication 2 _____ Frequency and Dosage _____

Purpose _____

Doctor's Name _____ Phone Number (____) _____ - _____

(Write additional medications on the back)

Are there any medical conditions camp personnel would need to be aware of? _____

Are there any special needs or restrictions on activities for the camper? _____

4. PARENTAL CONSENT

I hereby give permission for my child to attend and participate in the activities at camp as indicated. I further certify that the health history above is correct, as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted. IN CASE OF EMERGENCY, I hereby give permission to the medical personnel or other leaders selected by the Lake Maurer Retreat Center to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. I give full permission to NOMOAG summer camps to reproduce any photograph and/or video image of my child for promotional usage without obligation to me.

PARENT'S SIGNATURE _____ **Date** ____/____/____

NORTHLAND CATHEDRAL

PERMISSION, HOLD HARMLESS, AND RELEASE OF LIABILITY FORM (Minors)

I, the undersigned, desire to give the minor whose name appears below ("Participant") permission to participate in the following activities: Youth Summer Camp ("Activities") at or through Northland Cathedral Assembly of God, Inc. ("Northland Cathedral"). In exchange for the opportunity to participate in the Activities, I agree to the following from and after the date below:

- **Rules:** I understand that the Participant must follow Northland Cathedral's rules, and if the Participant does not follow the rules, he or she may be asked to leave Northland Cathedral or the Activities.
- **Assumption of Risk:** I am familiar with the Activities and represent to Northland Cathedral that the Participant is physically and mentally able to participate in the Activities. I also understand that the Activities do present risks of damage, loss, injury, illness, or even death to the participants. I represent to Northland Cathedral that I voluntarily assume the risk of any such damage, loss, injury, illness or death to me or the Participant arising from the Activities.
- **Release:** I release and forever discharge (for myself, and for the Participant to the fullest extent permitted by law) Northland Cathedral and its directors, officers, employees, volunteers and agents (collectively the "Church") from liability for the Church's negligent acts or omissions causing damage, loss, injury or death to me or the Participant arising in connection with the Participant's participation in the Activities or being on the premises of Northland Cathedral for such activities.
- **Hold Harmless:** I also agree to indemnify and hold the Church harmless from any and all liability or loss, including liability for the Church's negligence, arising in conjunction with or resulting from the Participant's participation in the Activities or being on the premises of Northland Cathedral for such Activities. This indemnity also includes all attorney's fees and expenses incurred by the Church.
- **Insurance:** I acknowledge that my own insurance carrier is responsible for any medical attention I or the Participant may require.
- **Headings; Survival:** I agree that paragraph headings are included for ease of reference only, and that if any part hereof is held invalid, the remainder shall continue in full legal force and effect.

I have carefully read the foregoing provisions, know their contents, and sign this form as my own free act.

Participant _____ Date: _____
Signature Name Printed

Address: _____

Phone No.: _____

Father or Guardian's signature: _____

(Print Name)

Mother or Guardian's signature: _____

(Print Name)

FOR MINORS: SIGNATURES OF BOTH PARENTS ARE REQUIRED