

Camper Information *(Print Clearly)*

Name: _____

Date of Birth: _____ Gender: M F

Address: _____

City: _____ ST: _____ ZIP: _____

Phone: (_____) _____

Email: _____

Age: Check One*	Late (after 7/1)	Regular (6/4 - 7/1)	Early Bird (4/15 - 6/3)
<input type="radio"/> 0 - 3 years	\$0	\$0	\$0
<input type="radio"/> 4 years - 4th Grade	\$35	\$35	\$25
<input type="radio"/> 5th - 6th Grade	\$125	\$105	\$90
<input type="radio"/> 7th - 8th Grade	\$125	\$105	\$90
<input type="radio"/> 9th - 10th Grade	\$125	\$105	\$90
<input type="radio"/> 11th - 12th Grade	\$125	\$105	\$90
<input type="radio"/> 19 - 24 years	\$125	\$105	\$90
<input type="radio"/> 25 or older	\$125	\$105	\$90

*grade entering this fall

Please send one check for all registrations and make checks payable to NYR, Inc. (see above address)

Permission is hereby given to the NYR sponsor for the minor child named above to receive emergency medical treatment, including surgery, at the most readily available licensed facility with the advice of competent medical authority. While camp directors and staff may be expected to exercise reasonable care, I hereby agree not to hold them liable for any injuries or accidents incurred during camp. I hereby grant permission for the above named minor camper to participate in the activities on the grounds of the camp.

X

Camper signature required if over 18 Date

X

Parent/Guardian signature required if under 18 Date

Medical Information *(Print Clearly)*

Medical Insurance Company: _____

Policy Number: _____

Known Allergies & Reactions: _____

Medications Currently Taking: _____

Emergency Contact Information

Name: _____

Number: _____

Church Information *(Print Clearly)*

Church Name: **Rising Sun Church of Christ**

Youth Minister: **Josiah Rowland**

*NYR Sponsor: **Roger Howard - Family Minister**

City: **Pleasant Hill** ST: **Iowa**

**Each camper must have a sponsor to locate on the NYR grounds in case of an emergency.*
