

WHAT **TO** BRING:
(PLEASE MARK ALL ITEMS CLEARLY!)

- ☺ Good attitude
- ☐ Bible
- ☐ Notebook
- ☐ Pencil/Pen
- ☐ Highlighter
- ☐ Stationery
- ☐ Flashlight
- ☐ Musical instrument or equipment for skits
- ☐ 2 pr shoes (must cover entire foot)
- ☐ Warm coat
- ☐ Warm pajamas
- ☐ 6 pr pants
- ☐ 2 pr walking shorts (longer than fingertips)
- ☐ 8 shirts (must cover entire torso)
- ☐ 2 sweatshirts
- ☐ 8 pr underwear
- ☐ 8 pr socks
- ☐ 1 outfit for banquet (modest attire)
- ☐ 1-pc swimsuit
- ☐ Water-shoes (optional)
- ☐ 2 towels
- ☐ 2 washcloths
- ☐ Toothbrush
- ☐ Toothpaste
- ☐ Shampoo
- ☐ Soap
- ☐ Tissues
- ☐ Comb/brush
- ☐ Chapstick
- ☐ Sunblock
- ☐ Mosquito repellent
- ☐ Sleeping bag
- ☐ Extra blanket
- ☐ Pillow

WHAT **NOT** TO BRING:

- ☺ Bad attitude
- ☺ Drugs (including cigarettes and alcohol)
- ☺ Electronics
- ☺ Money
- ☺ Weapons (including pocket knives)

CAMPER APPLICATION -- Ages 9 to 17 years
NORTH BAY YOUTH CAMP -- June 26 - July 3, 2010

Registration (completed form and payment postmarked *no later* than May 31): **\$200**
A deposit of **\$75** must accompany this application (\$100 if requesting bus transportation).
The balance of the camp fee is due, *IN FULL*, June 1.
AFTER June 1, camp fee is **\$250**.

Sibling Discount (immediate family members only): **\$25** per sibling

Bring-a-Friend Discount - For every friend you bring to camp, you'll receive **\$50** off your camper fee! (*To be refunded by July 31st.*)

PLEASE DO NOT SEND ANY MONEY WITH YOUR CHILD TO CAMP. The camp fee covers all expenses for the entire week of camp, including: a camp T-shirt; 3 meals and 2 snacks per day; daily crafts; and all other activities.

PLEASE PRINT! COMPLETE BOTH SIDES OF THIS FORM IN BLACK OR BLUE INK.

Camper's name _____ Referred by: _____

Mailing Address _____

City _____ State _____ ZIP code _____

Phone (_____) _____ Email address _____

Age _____ Birth date ____/____/____ Next grade in school _____

Male _____ Female _____ Home congregation _____

A \$50 PROCESSING FEE WILL BE KEPT IN THE EVENT OF CANCELLATION.

Will this camper be riding the bus? Yes _____ No _____

A bus will depart from and return to the church building in Martinez. Space is available on a first-come, first-served basis. The fee is **\$100** per camper and includes a McDonalds Happy Meal both ways. If your child registers after the camp (or bus) is full, they will be placed on a waiting list and notified accordingly.

Please write a check payable to NORTH BAY YOUTH CAMP and mail it, along with this completed form, to: NBYC, church of Christ, 1865 Arnold Drive, Martinez, CA 94553.

MEDICAL INFORMATION & RELEASE FORM

TO BE COMPLETED AND SIGNED BY THE PARENT/GUARDIAN OF THE CAMPER. PLEASE PRINT, USING BLACK OR BLUE INK

Camper's full name _____

Parent/Guardian name _____

Address (if different than camper's) _____

Home ph# (_____) _____ Cell # (_____) _____ Work # (_____) _____

Physician's name _____ Phone # (_____) _____

Medical insurance carrier _____ Policy # _____

Does the camper take any medication? Yes ____ No ____ If yes, attach list of medications and doctor's instructions for use, including; dosage, times needed, and reasons taken. ALL MEDICATIONS brought to camp must be checked in with the camp nurse. (A qualified nurse will be on duty 24 hours a day.)

Date of last medical examination ____/____/____ ATTACH A RECENT COPY OF IMMUNIZATIONS.

ALLERGIES (check and specify all that apply):

- ____ Animals
- ____ Food
- ____ Insect sting
- ____ Medicines/drugs
- ____ Pollen
- ____ Other

CHRONIC OR RECURRING ILLNESSES (check all that apply):

- ____ Asthma
- ____ Ear infection
- ____ Seizures
- ____ Bleeding/clotting disorder
- ____ Fainting
- ____ Other (specify)
- ____ Diabetes
- ____ Heart defects/disease

OTHER HEALTH CONDITIONS (check all that apply):

- ____ Bed wetting
- ____ Hearing impairment
- ____ Dental braces
- ____ Motion sickness
- ____ Eyesight
- ____ Other (specify)

EMERGENCY CONTACT: _____ Ph # (____) _____

I, the undersigned parent/guardian, consent to the camper's participation in North Bay Youth Camp (June 26-July 3, 2010). I authorize in advance any adult camp staff member to consent to any medical or surgical diagnosis, treatment, and/or hospitalization, that is deemed necessary during the duration of camp (or bus travel), and agree to be financially responsible for all said treatment. My child is physically able to participate in the sports and other activities of the camp. Any exceptions must be written and attached to this form. I understand that I will be required to pick my child up if he or she does not abide by the camp rules. I hereby release the staff and any supporting group from any financial liability for this applicant's participation.

Signature of parent/guardian _____ Date ____/____/____



NORTH BAY YOUTH CAMP

2010

JUNE 26 - JULY 3

AGES 9-17

Sierra Bible Camp
Canyondam, CA

Sponsored by:
church of Christ
1865 Arnold Drive
Martinez, CA 94553
(925)228-2440