

Application for Camp

(One camper per application please.)

(please print clearly)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Sex: _____

Grade Completed: _____ Birth Date: _____

Parent / Guardian: _____

Email Address: _____

Roommate Preference: _____

Home Church: _____

Parental Approval and Waiver of Claim:

I, _____, hereby approve the camp application and certify to its correctness and expressly waive any and all claims against the Pittsburgh District Church of the Nazarene, or any of its District Boards or representatives because of any injury or other damage that may be incurred to my child or property in connection with or incident to the Pittsburgh District Church of the Nazarene Summer Camp Program at Mt. Chestnut Nazarene Center in Butler, PA. I also authorize the camp nurse and staff to administer medical aid and treatment to my child as needed.

Also, during the course of the week, we may take pictures of your child which could be used for publicity purposes. By signing below, you authorize the Pittsburgh District NYI to use without obligation such photos for any and all publicity and advertising as the District NYI may designate.

Signature of Parent or Guardian

Consent for Medical Treatment

In the event that my child becomes ill or sustains an injury while in the care of the Pittsburgh District Church of the Nazarene Summer Camp Program at the Mount Chestnut Center in Butler, PA, I, the undersigned, grant the authority to act on my behalf in obtaining and consenting any medical treatment that may be necessary, including, but not limited to: **X-RAYS, ANESTHETIC, MEDICAL, DENTAL OR SURGICAL DIAGNOSIS AND TREATMENT, HOSPITAL CARE, ADMINISTRATION OF DRUGS OR MEDICINE,** under the supervision and upon the advice of a duly licensed physician and / or surgeon.

I understand this consent will apply only to non-elective medical procedures, and that a copy of this form is as valid as the original. This consent form is to be effective from **June 22 – 27, 2019.**

Printed Name: _____

Signature: _____

Relationship to camper: _____

Home Phone: () _____ - _____

Emergency Phone: _____

Medical Information

Provider: _____

Group # _____

ID# _____

Name of Policy Holder: _____

Family Doctor: _____

Doctor's Phone # _____

Medical Conditions

Medications

All medications are to be left with the nurse. Please list all medications and the reason for the medication. Also, please list any special instructions as well as the amounts and times the meds are to be dispensed.

Please list the following information:

Medications: If your child is bringing medications to camp, please fill out the Certificate of Medication form and bring it to registration on June 21 and give it to the nurse.

Allergies: _____

Other: _____

Emergency Contact: available during Camp!

Name: _____

Relationship to camper: _____

Phone # () _____

Don't forget to enclose your payment! All payments are due by June 22, 2019! No exceptions!

T-Shirt is guaranteed if postmarked by May 30th, 2019

T-shirt size (Please Circle): S M L XL XXL

Other - _____

Payment

Early Bird Special – If your application and payment is postmarked **by May 30th**, 2019, the cost is **\$145**.

Registration – If your application and payment is postmarked **between May 31st and June 7th, 2019**, the cost is **\$165**.

Late Registration – If your application and payment is postmarked **June 8th** or you are a walk-in, the cost is **\$180**. Walk-ins are welcome as long as we have space.

Applications will be accepted on a first come, first serve basis. Please complete the application and mail it, **ALONG WITH YOUR PAYMENT to the address below.**
Please make checks payable to:

Pittsburgh District NYI

Mail To:

Tom Aaron
141 Supervisor Drive
West Newton, Pa. 15089

- If you have questions, call Tom Aaron at 724-331-4335.
- Please help by having your registration in on time. It is necessary in order to properly organize teams, games, and to have an accurate count for bedding and food. Your help in this matter is greatly appreciated!

Stuff for Parents & Youth Workers

- We will be staying at the District Center in Butler. Your teen will need to bring a sleeping bag, pillow, all the bathroom stuff, towels, clothes to get dirty in, tennis shoes, a **Bible**, pen, modest swimsuit (one piece for girls, shorts style for guys).
- Make sure your teens have enough clothes to wear because if it is not lightening, we will continue our outdoor events.
- Feel free to send mail to your teens during camp. ***Letters from mom with gushy messages on the outside of the envelope are perfect!*** Mail letters to:

Name of camper
C/O Pittsburgh District Teen Camp
177 North Road
Butler, Pa. 16001

- Finally, and most important, organize a time of prayer for our camp. God wants to know if you want your teens transformed.

****Important Information****

- * Drop Off Time Saturday **12:00 - 1:30 PM**
- * Pick Up Time Thursday 3 **PM**

Pittsburgh District

Teen Camp

June 22nd – 27th, 2019

The
Avengers

Do not seek revenge or bear a grudge against anyone among your people, but love your neighbor as yourself. I am the Lord.

Leviticus 19:18

Camp Directors:

District President: Jason Barnett
Senior High Director: Tom Aaron
Junior High Director: Ashley Boxen

***Camp is for all teens who have completed grades 6-12.**