

Destiny Foursquare 1001 E. Philadelphia St. Rapid City, SD 57701 Phone: (605) 348-7958	<h1>Youth Camp Registration</h1> <h2>June 28th – July 2nd, 2019</h2>	Early Bird Registration \$250.00	After Early Bird Registration \$275.00
		\$50 Deposit Deadline <small>(to secure early bird pricing)</small> May 12th Final Payment Deadline June 16th	

Name _____

Address _____

City _____ State/Zip _____

Parent/Guardian(s) _____

Home Phone () _____

Cell Phone _____

Two emergency contacts are required other than parents. In the case parents cannot be reached, phone numbers will be called in the order they appear. Please supply names & phone numbers with area code.

1. _____

2. _____

Grade camper will be in **19-20 school year** (next school year)

Camper is a: **Male** **Female**

Date of Birth: ____/____/____

City and name of church:

Friend camper wishes to be placed with:

Camp T-Shirt



Circle Adult T-shirt Size					
S	M	L	XL	XXL	

Workshops

We will be offering ministry workshops as part of the afternoon activities. We have a variety to choose from, but there will be a limited number of spots in each workshop and they will be filled on a first-come-first-serve basis at registration. A list of workshops will be made available to you prior to camp week so that you can plan accordingly. (Bring an instrument or camera if you wish to participate in workshops needing those)

What to bring: Bible and notebook, sleeping bag, pillow, optional money for snacks, modest swim suit, towel, clothes, jacket, and toiletries. All articles should be labeled. Cedar Canyon Camp and Destiny Foursquare Church are not responsible for lost or stolen items. All medication must be turned in upon arrival and be in its original packaging.

What not to bring: Any electronics (ipods, tablets, etc.), lighters, matches, alcohol, tobacco, firearms, and knives. Immodest clothing.

Free Time Activities: Basketball, high ropes course, game room, hiking trails, kick ball, gaga ball, 9 square in the air, volleyball, zipline, etc.

Find out more about Cedar Canyon Camp and "Awaken" youth camp @ dakotacamp.org

COMPLETELY fill out BOTH SIDES of this form

Camper Medical History

Health Insurance Co: _____ Policy # _____ Group # _____

Is camper on prescription medication? Yes No

Does the camper use Bee Sting Epinephrine? Yes No

If yes to either, please list exactly what and when it is to be taken: *(attach additional information as needed)*

Date of last immunizations: DTP ___/___/___ Measles ___/___/___

Do you have any of the following conditions?

Diabetes: Yes No Tuberculosis: Yes No

Epilepsy: Yes No Asthma: Yes No Other: _____

Allergies (Severe Reactions Only):

Hay Fever: Yes No Penicillin: Yes No Poison Ivy: Yes No Insect Stings: Yes No

Food, Drug, Other: _____

(If allergy exists, please send proper medication)

Restricted Activity: _____ Dietary Restrictions: _____

IMPORTANT INFO YOU NEED TO KNOW

- ◆ To secure the **early bird pricing of \$250**, a **\$50 non-refundable deposit** and registration form is due no later than **May 12th**. After this date, prices jump to **\$275** per camper. Please return this form with deposit to Destiny Foursquare Church. Final payments are due by **June 16th**; no guaranteed T-shirts or campers after this date. Churches MUST postmark registrations by deadline in order to avoid an additional **\$10 processing fee** per student.
- ◆ Cancellations will be refunded up to **June 9th**. After this date, a **\$40** cancellation/administrative fee will be charged.

This camp is being administrated by Destiny Foursquare Church, 1001 E. Philadelphia Street, Rapid City, SD 57701.
605-348-7958 (phone), 605-348-3951 (fax)

RELEASE FORM

THIS REGISTRATION FORM IS NOT VALID WITHOUT THE FOLLOWING THREE SIGNATURES:

1. Camper Declaration:

I will fully cooperate with the staff, rules, and program established for the camp so as to not discredit my parents, my church or myself.

Camper's Signature: _____ Date: ___/___/___

2. Parental Medical and Activity Release:

My child will cooperate with the staff, rules, and program of the camp. I understand that I am responsible for my child's actions and will be held financially responsible for any damage done by my child. I will pay for any and all repairs incurred by such damage. I understand that camp staff reserves the right to search my child's belongings, with or without their consent, in the case of an emergency. I acknowledge that many of the camp/sports activities listed below contain inherent risk of injury. Any controversy or claim arising out of or related to the student's participation in this camp shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration Association. It is understood that the camp officials will make a conscientious effort to locate contacts listed on the form before any action is taken. I understand that my own insurance is primary, our church activities insurance is secondary, and the camp policy is third. I hereby consent to my child participating in all camp activities. I consent to any treatment deemed advisable in an emergency by an EMT, nurse, medical doctor or other first-aid personnel. I also give consent for my child to go on authorized trips away from camp premises. I also certify that my child's immunizations are up-to-date.

Parent / Legal Guardian's Signature: _____ Date: ___/___/___

3. Pastor's Recommendation:

I recommend this camper as one who will cooperate with the staff, rules and camp program. I understand it is my responsibility to see that the camper is picked up if they do not cooperate.

Pastor's Signature _____ Date: ___/___/___

***All forms must be complete to be accepted.
Please return your completed form to Destiny Foursquare Church, with deposit, by specified deadline.***