



We are so excited for Youth Camp 2022!! In Genesis 28, the Lord met Jacob at Mount Sinai where He gave Jacob a purpose and changed the course of his life. Jacob called that place of encounter, "Bethel." Camp is a Bethel place. It's an opportunity for students to be with God, no distractions involved. It's a place where students find life, freedom, purpose, and build relationships that last a lifetime. We couldn't be more excited to be partnering with NCAG Youth Ministries for camp this year.

When: June 26-29th

Who: Students in grades 6 - 12.

Where: Camp Bob Cooper

Early Bird Cost: \$275 (due on/before May 1st)

Regular Registration Cost: \$295 (due on/before June 1st)

Late Registration Cost: \$315 (due on/before June 10th)

Camp Registration Instructions

Please carefully read the following instructions.

Each registrant must submit both this paper application AND complete the digital payment gateway. BOTH the digital payment gateway and the paper application must be completed and submitted within the above listed due dates in order to receive the corresponding pricing. The digital payment gateway can be accessed by visiting linktr.ee/multipliyouth. The participant and guardian of said participant will be responsible for covering the cost of registration that corresponds to the reception of both the paper application and digital payment gateway by Multiply Youth.

By signing below, the participant and guardian agree to the requirement stated above.

Participant Name (first and last): _____ Date: _____

Participant Signature: _____ Date: _____

Parent/Guardian Name : _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

NCAAG

NC Youth Ministries – 2660 Yonkers Rd. Ste. 130 Raleigh, NC. 27604 – 919-965-0225

hdavis@ncag.org ncyouth.org



2022 CAMPER APPLICATION

CHECK: Camp 1 (June 26-29) Camp 2 (June 29-July 2)

PARTICIPANT INFORMATION:

Print clearly - form must be completed and signed by all parties, otherwise applications will not be processed.

Name _____ Male/Female ____ Birth Date ____ / ____ / ____ Age ____ Grade (completed) _____

Address _____ City _____ State _____ Zip _____ Phone ____ - ____ - _____

Father's Name _____ Phone (Home) ____ - ____ - ____ (Work/Cell) ____ - ____ - ____

Mother's Name _____ Phone (Home) ____ - ____ - ____ (Work/Cell) ____ - ____ - ____

Church Attending With _____ Church City _____

FOR OFFICE USE ONLY	
Postmark	_____
Amount Paid \$	_____
Check #	_____
Amount Due \$	_____

Processed (initial)	_____

No Show	_____
Walk-On	_____

EMERGENCY CONTACT INFO:

Used only in case of emergency if parent is not available.

Emergency Contact _____

Relationship to Participant _____

Daytime Phone: _____

Cell Phone: _____

COST & DEADLINES:

Registration cost is **\$235** if postmarked **OR** online registration is completed by May 12.

After May 30 date, the cost is \$250. After June 20, the cost is \$265

Camp T-Shirt cost is \$10 (this is in addition to the registration cost)

T-Shirt Size: _____

2022 CAMPER APPLICATION

WHAT TO BRING

- Bible
- Pencil/Pen & Notebook
- STL Offering
- All Toiletry Items
- Twin Bedding
- Clothing for Evening Services
- Recreational Clothing for Water & Mud Sports
- Flashlight & Camera (optional)
- Spending Money
- One Piece Swimsuit w/ Cover-Up

ABSOLUTELY DO NOT BRING

- Tight Fitting Clothing
- Fireworks/Weapons/Alcohol/Tobacco/Drugs
- Improper Reading Material
- Pets

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CAMP GUIDELINES:

- These minimum rules are given as a guideline for all Participants, coaches, and staff. They will be enforced with love. All camp staff members are instructed to use their authority wisely.
- No one is to leave the campgrounds without permission from the NC Youth Camp Staff.
- All cars will be parked on the campground and left until time of departure on the last date.
- Everyone will observe the daily schedule. Attendance at all camp activities is required.
- Everyone must be in bed and quiet at lights out unless praying in the Sanctuary. Sneaking out of the cabin will not be considered a game.
- Everyone will conduct themselves courteously and with respect for others.
- Couples and/or mixed groups shall conduct themselves in a manner pleasing to God at all times.
- Observe habits of personal cleanliness: take a shower every day!
- Observe habits of group cleanliness: keep your cabin and campground clean!
- Everyone must dress modestly and appropriately at all times. If a Participant’s clothing is deemed inappropriate, they will be asked to change.
- Shorts may be worn during the day but must be of modest length. A one-piece swimsuit or dark t-shirt/cover-up worn over a two-piece suit is a must for the girls. Any cut-off type shirt must be worn with an undershirt.
- Fireworks, firearms, knives or weapons, alcohol, tobacco products, and drugs are prohibited. Possession of any of these items will result in immediate dismissal from the camp.
- Label all belongings. Participants are responsible for personal items. NC Youth is not responsible for lost/stolen items.

Parents – please review these guidelines with participants. Lack of cooperation, unnecessary roughness, lack of respect for property, unlawful activity or an unwholesome attitude on the part of any Participant will result in expulsion from camp.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PARTICIPANT AGREEMENT:

I promise to meet the camp standards of conduct as outlined in the attached camp guidelines. My signature below is my agreement to comply.

Signature of Participant Required

Date

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PLEASE PRINT

PARTICIPANT'S LAST NAME: _____ FIRST NAME: _____ BIRTHDATE: _____

MOTHER/GUARDIAN NAME _____ FATHER/GUARDIAN NAME _____

AGREEMENT FOR CONSENT; RELEASE AND ASSUMPTION OF RISK; AND PHOTOGRAPH & VIDEO RELEASE

The undersigned understand that we are being asked to read each of the following paragraphs carefully. We understand that if we wish to discuss any of the terms contained in this agreement, we may contact the NC Youth Ministries Director, Troy Davis, 336-404-6769.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Participant (if 18 or over) Signature: _____ Date: _____

CONSENT & AGREEMENT [Parent or Guardian, and/or Participant if 18 or over, please fill out as completely as possible.]

In consideration of Participant's participation in the activities listed below on the date and at location above (herein the "Activity"): We, being the parents or legal guardians of the Participant named above (the "Parents"), or Participant (if 18 or older) do hereby consent to the participation of the Participant in the activities of Camp Bob Cooper. Activities include, but not limited to outdoor activities in which participants may be subject to hazardous plants and bites from insects, ticks, mosquitos, spiders, and snakes. Other activities include swimming (lake, beach inflatables such as blob, slip 'n' slide, water slide), canoeing, paddleboats (with the exception of swimming, life jackets are required for all participants) which may involve water and mud, team games such as basketball, volleyball, soccer, knocker ball and others, recreational games (relay race style, tug-of-war, etc.) , rock wall climbing, zip-lines and paintball (safety mask included). All participants are required to take a swim test. We hereby represent that Participant is in good health and in proper physical condition to participate in the above-referenced activities. Further, we certify that Participant is physically able and adequately trained to participate in such events, specifically swimming. We hereby understand and acknowledge the physical rigors associated with the above-referenced activities and/or use of such equipment and understand that participation involves risks and dangers which include, without limitation, serious bodily injury, permanent disability, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack or death, inaccessibility of medical care, dangers arising from adverse weather conditions, inadequate safety measures, participants of varying skill levels, situations beyond the immediate control of Camp Bob Cooper, other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers (collectively the "Risks"). We understand these Risks may be caused in whole or in part by Participant's own actions or inactions, the actions or inactions of others participating in the activities, and knowing such, We hereby expressly authorize and give permission for Participant to participate in any and all of the above-referenced activities.

We **DO NOT AUTHORIZE** our child/Participant to participate in any of the following activities: _____

We also hereby give permission to the camp staff to inspect the contents of any or all of Participant's personal belongings, and to withhold any unapproved contents. I understand that if Participant misbehaves and violates the camp rules, Participant may be expelled from Camp and we may be called to pick him/her up.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Participant (if 18 or over) Signature: _____ Date: _____

GENERAL RELEASE AND ASSUMPTION OF RISK:

KNOWING THE RISKS DESCRIBED ABOVE, WE THE UNDERSIGNED PARENTS AND/OR PARTICIPANT (IF 18 OR OVER) AGREE TO ASSUME ALL THE RISKS AND RESPONSIBILITIES, KNOWN AND UNKNOWN, SURROUNDING PARTICIPANT'S PARTICIPATION IN THE ACTIVITY. TO THE MAXIMUM EXTENT ALLOWED BY LAW, WE THE UNDERSIGNED (INDIVIDUALLY, JOINTLY AND FOR THE PARTICIPANT) RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY NC YOUTH AND NCAG AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I/WE MAY SUFFER, OR FOR WHICH I/WE MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO PARTICIPATION OF THE PARTICIPANT IN THE ACTIVITY (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON THE UNDERSIGNED'S PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

We hereby warrant that we have read this Agreement carefully, understand its terms and conditions, and acknowledge that we are giving up substantial legal rights by signing it. We acknowledge we have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee. This Agreement represents the complete and entire understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

We expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

We expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I/WE further state that **WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND WE VOLUNTARILY SIGN THIS AGREEMENT AS OUR OWN FREE ACT.**

We understand and agree that no oral or written representations can or will alter the contents of this document. We agree that this agreement shall be governed by the laws of the State of NORTH AND SOUTH CAROLINA, which shall be the forum for any lawsuits filed under or incident to this agreement or the above-described activities.

A photocopy or facsimile of this consent and release shall be as valid as the original.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Participant (if 18 or over) Signature: _____ Date: _____

PHOTOGRAPH & VIDEO RELEASE

The undersigned Parents and/or Participant (if 18 or over) hereby grant Camp Bob Cooper and NC Youth permission to the rights of Participant's image, likeness and sound of Participant's voice as recorded on audio or video tape without payment or any other consideration. We understand that Participant's image may be edited, copied, exhibited, published or distributed and we hereby waive the right to inspect or approve the finished product wherein Participant's likeness appears. Additionally, we waive any right to royalties or other compensation arising or related to the use of Participant's image or recording. We agree that Camp Bob Cooper and NC Youth may use such images of Participant with or without Participant's name and for any lawful purpose, including for such purposes as publicity, illustration, advertising, and web content. We understand there is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be used and/or distributed. The undersigned and each of us acknowledge that we have completely read and fully understand this release and agree to be bound thereby. It is our express intention to defend, indemnify and hold harmless Camp Bob Cooper and NC Youth from any and all claims arising out of, or resulting from, or in any manner relating to Camp Bob Cooper and NC Youth's use of Participant's image, likeness and sound. **A photocopy or facsimile of this authorization shall be as valid as the original.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Participant (if 18 or over) Signature: _____

Date: _____

PLEASE PRINT

PARTICIPANT'S LAST NAME _____ FIRST NAME _____ BIRTHDATE _____

MOTHER/GUARDIAN NAME _____ FATHER/GUARDIAN NAME _____

EMERGENCY CONTACT PHONE NUMBER _____

2022 CAMPER PARTICIPANT HEALTH HISTORY FORM AND AUTHORIZATION:

FAMILY PHYSICIAN

NAME _____

PHONE _____

INSURANCE Yes No Is participant covered by insurance?

Camp insurance is accident-only coverage and is secondary to personal insurance.

INSURANCE CO. _____

GROUP # _____ SUBSCRIBER # _____

HEALTH HISTORY

Please check YES or NO to the following lead questions—if the response is YES you will have below to add more detail.

Does Participant have **CHRONIC HEALTH ISSUES** Yes No

Is Participant taking any form of **MEDICATION** for any reason? Yes No

Does Participant have **DIET RESTRICTIONS** Yes No

Does Participant have **ACTIVITY RESTRICTIONS** Yes No

Date of Last Tetanus _____

Are Participant's immunizations current? Yes No

Does the Participant sleep walk? Yes No

Can the Participant swim? Yes No

Does Participant have any of the health conditions on the chart below? Check all that apply.

	CONDITION	YES	NO		CONDITION	YES	NO
1	Asthma			Inhaler? Yes No	7	Bleeding	
2	Diabetes				8	Bee Sting Allergy	Epi Pen? Yes No
3	Epilepsy/Seizures				9	Peanut/Nut Allergy	Epi Pen? Yes No
4	Heart Condition				10	Other Food Allergy	Epi Pen? Yes No
5	Orthopedic				11	Drug Allergy	Epi Pen? Yes No
6	Fainting				12		

Please list medications, foods, or environmental allergens that Participant is allergic to and the allergy reaction if not mentioned above: _____

Is the Participant presently being treated for an injury or sickness or taking any form of medication for any reason? Yes No If yes, please explain: _____

Please list any and all diseases, serious illness, injuries and surgeries the Participant has or has had: _____

Does the Participant have any physical condition or illness which would prevent him/her from participating in rigorous activity? Yes No

If yes, please explain: _____

MEDICATIONS

Does the Participant require any medications to be administered? Yes No

If yes, please list below all medications with dosage, frequency/time and reason for dispensing.

Any personal medications (prescription and/or over-the-counter), vitamins, herbs, and enzymes MUST have a doctor's order and be brought in the original bottle to the first aid station to be administered to Participant. All meds must be original container with pharmacy label including patient name, physician name, medication name, prescription number, date prescribed, dosage.

MEDICATION	DOSAGE	FREQUENCY	REASON

Permission is given for the following over-the-counter medications to be given to Participant as directed per age/weight:

- Yes No Acetaminophen Yes No Pepto Bismal
- Yes No Ibuprofen Yes No Calamine Lotion
- Yes No Benadryl Yes No Antibiotic Ointment
- Yes No Robitussin DM Yes No Antacid (Tums, etc.)

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MEDICAL TREATMENT AUTHORIZATION We, THE PARENTS AND/OR GUARDIANS OF Participant (“Parents”), and Participant (if 18 or over) understand that the undersigned Parents will be notified in the case of a medical emergency involving the Participant. However, in the event that Parents, or either of us, cannot be reached, and/or if Participant 18 or over is unable to make decisions, we authorize the calling of a doctor and the providing of necessary medical services in the event the Participant is injured or becomes ill. We authorize any one or more of the following persons to make emergency medical care decisions on behalf of the Participant, if required by law or a health care provider: Camp director or their authorized designee. Parents and Participant (if 18 or over) understand that Camp Bob Cooper or NC Youth Ministry or any of their agents, employees, or volunteers, shall not be responsible for medical expenses incurred on the basis of this authorization. We hereby agree to hold harmless, defend and indemnify Camp Bob Cooper and NCAG, its parents, subsidiaries and affiliates, board members, officers, employees, agents and volunteers from all obligations, damages, losses, attorney’s fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, including the negligence or gross negligence of Camp Bob Cooper and NCAG (collectively “claims”) that may be asserted by anyone and that has any relation to the Participant to the fullest extent permitted by law. It is our express intention to defend, indemnify and hold harmless Camp Bob Cooper and NCAG from all claims arising out of or resulting from or in any manner relating to the treatment, medical or otherwise, of Participant. We agree to notify NC Youth in the event of any health changes which would restrict the Participant’s participation in any activities. We also understand that Camp Bob Cooper’s representative(s) reserve the right to restrict the Participant from any activity for any reason. **A photocopy or facsimile of this authorization shall be as valid as the original.**

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Participant (if 18 or over) Signature: _____

Date: _____

Release and Hold Harmless Agreement

The undersigned or a member of the immediate family of the undersigned desires to participate in various programs, events, or activities operated or sponsored by Multiply Church. The undersigned or a member of the immediate family of the undersigned further understands and acknowledges that the undersigned or a member of the immediate family of the undersigned may incur personal injury or bodily damage while participating in such activities. Further, the undersigned or a member of the immediate family of the undersigned hereby release, and forever discharge Multiply Church or any parties volunteering on behalf of Multiply Church and any actions, claims, damages, costs and expenses of any kind growing out of or related to any activity of Multiply Church in which the undersigned or a member of the immediate family of the undersigned participates.

The undersigned or a member of the immediate family of the undersigned further acknowledges that this is a full and complete release for all injuries and damages which the undersigned or member of the immediate family of the undersigned may sustain as a result to the undersigned or a member of the immediate family of the undersigned participation in any program held by Multiply Church.

I, (parent or guardian name) _____ being the legal guardian of (participant name) _____ give my permission for my child to go with Multiply Youth to NC Youth Camp, June 26-29, 2022. The undersigned, being a parent or guardian of the above minor, allows the above minor to be treated by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in the above named event, including transportation to and from the event site. This authority is granted only after a reasonable attempt has been made to contact the undersigned.

Parent/Guardian Signature: _____ Date: _____