

Cragmont Youth Conference

June 20th - June 25th, 2022

Co-Directors: Joe & Angela Mattox, Dale Belvin
cragmontyouthconference@gmail.com

CYC is a time for us to get out of our ordinary surroundings and experience something extraordinary. We will have moving worship times & discipleship groups designed to deepen your relationship with Christ.

Those that have completed the 3rd grade - 12th grade are invited to camp.

Cost: \$380 per camper, which includes:

Transportation, Food & Lodging at Cragmont, Activity Fee For Waterpark & Rise Against Hunger, Daily Snacks, Group Picture & Camp T-shirt

Due Dates:

MAY 4th - Registration Forms and \$190 Deposit Due
PLEASE REGISTER ASAP. WE WILL FILL UP FAST & SPACE IS LIMITED
(All registration forms sent in after May 4th will have a \$20 late fee.)

* No camper will be registered without a deposit and form.

Please **SNAIL MAIL** your registration forms. One form per camper.

Mail: Angela Mattox, 1469 Wintergreen Rd. Cove City, NC 28523

* Churches paying for camp should send a deposit check and a list of campers.

June 1st - \$190 Balance Is Due. Deposit is non-refundable after June 1st.
A list of what to bring and what not to bring and bus Information will be mailed after balance is paid.

Complete and return:

- 1) Registration Form
- 2) Medical Form
- 3) Consent Form
- 4) \$180 deposit

We are planning for a “normal” week of camp but please be flexible as we all continue to navigate COVID protocols.

Cragmont Youth Conference Registration Form

Name: _____ Gender: _____ Age: _____

Mailing Address:

City/State/Zip:

Telephone: (_____) _____ Grade _____

Home Church: _____ DOB: _____

T-Shirt Size:

(Youth) Med. _____ Lg. _____

(Adult) Small _____ Med. _____ Lg. _____ X-Lg _____ XX-Lg _____

(Office Use) Deposit _____ - Balance _____ - Church _____

Medical Form - Cragmont Assembly

Contact Information

Camper's Full Name: _____ Birth Date: _____

Parent/Legal Guardian Name: _____

Home # _____ Work # _____

Cell # _____

Emergency Contact If Parent Not Available

Name: _____

Home# _____ Work # _____

Cell# _____

Medical History

Chronic Illness &/or Conditions: (circle which apply)

Asthma Diabetes Epilepsy Heart Disease Hyperactive

Other _____

Allergies: _____

Special Diet: _____ Physical Limitations: _____

Last Tetanus Shot: _____

Current Medications: _____

****ALL Prescribed Medication Must Be Turned Into The Camp Nurse.
It must be labeled and with proper instructions.****

Is there any reason why this camper cannot engage in regular camp activities?

Yes ____ No ____ (Explain)

Parent/Legal Guardian/Consent

By my signature below, I agree to and understand the following: Cost of all treatment/medicine will be the responsibility of the parent/guardian. Campers are covered by camp insurance with secondary coverage from the time they board their unit of transportation until they return to their terminal; however this will only cover accidents. Secondary coverage pays after my insurance. I have provided this insurance information in the event my child should need treatment by a physician/hospital.

Insurance Company Name _____

Policy # _____

Policy Holder's Name _____

- If a camper requires confinement for illness for 24 hours or more, the parent/guardian will be notified to pick up the camper.
- **It is my responsibility not to send a sick child to camp. If my child has a fever and/or contagious condition, I am instructed not to send them to camp. I will be asked to come to Cragmont Assembly to pick up my child if they are deemed sick with a contagious condition.**
- All possible care will be used to prevent any accident and assigned adults will be responsible to see that any camper who gets sick or injured receives proper attention. I will be notified of any serious illness or accident.
- I hereby give permission to Cragmont Assembly, Inc. and its authorized representative to consent for medication/ surgical treatment for the above named camper (my minor child) as is deemed necessary during the conference dates shown on this document.

Parent/Legal Guardian Signature:

_____ Date: _____