

# YOUTH FRONTIER CONFERENCE

YFA/AFC Week  
Cragmont Assembly  
June 27 - July 2, 2022

We are excited to get ready for camp this summer at Cragmont! Our week of Youth Frontier Conference is ready to worship with all our campers and see how God is going to move during our time on the mountain. There will be times of worship, music, games, crafts, recreation, and our trip to CAROWINDS!

We can't wait to see you!

If you would like to come to YFC/AFC week of camp, please complete the application and permission forms by May 30th. The cost for camp this year is \$375, with nonrefundable deposit of \$100.00 being due by May 30<sup>th</sup>. Once the **registration form**, **medical form** and the **deposit** has been received, an information letter containing more information about camp this summer will be delivered to you. We are planning for a "normal" week of camp, but please be flexible as we all navigate any possible COVID protocols.

If there are any questions, please email or call at [jonwhit92@gmail.com](mailto:jonwhit92@gmail.com) or (252)746-3534

God Bless,  
Jonathan & Chandler Whitford



# Registration Form for Youth Frontier Conference

Campers Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Church \_\_\_\_\_

Email address: \_\_\_\_\_

Gender Male  Female

Grade that you will be in during the 2022-2023 school year \_\_\_\_\_

Age \_\_\_\_\_

Birth-date \_\_\_\_\_

T-shirt size: YS  YM  YL  AS  AM  AL  A XL  AXXL

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Mother's Phone # \_\_\_\_\_ Father's Phone # \_\_\_\_\_

Parent's Email address \_\_\_\_\_

Person you would like to room with \_\_\_\_\_

Send registration form and fee to:

Youth Frontier Conference  
5403 Weyerhaeuser Road  
Ayden NC 28513

Please make checks out to Youth Frontier Conference

# Participant Medical Form & Contact information

## Youth Frontier Conference

Camper's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_  
                    First                    Last                    M          D          Y

Home Address: \_\_\_\_\_  
  Street  Apartment No.  Route  
\_\_\_\_\_  
  City  State  Zip

Parent/Legal Guardian Name: \_\_\_\_\_  
  First  Last

Home Phone No.: (     ) \_\_\_\_\_ Work Phone No.: (     ) \_\_\_\_\_  
Other Emergency Contact(s): \_\_\_\_\_  
\_\_\_\_\_

### Medical History/Instructions

Chronic Illness & Conditions (circle all that apply). (if others, please describe on a separate sheet and attach.)

Asthma                  Diabetes                  Epilepsy                  Heart Disease                  Sleep Walking                  Hyperactive

Allergies (list): \_\_\_\_\_

Special Diet: \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_ Is there any reason this camper cannot engage in regular camp activities? (If yes, please explain) \_\_\_\_\_

### Parent/Legal Guardian Agreement/Consent

By my signature, I agree to and understand the following:

I understand that it is my responsibility not to send a sick child to camp.

I understand that costs for all treatments will be the responsibility of the parent/legal guardian.

I understand that if my child has any Covid like symptoms while at camp they will need to go home.

I understand that there will be no refund if my child becomes sick during camp and must be picked up, by me, from Cragmont.

I understand if my child is taking medication during the week, it is my responsibility to send an adequate amount of that medication with my child.

I understand that the camp nurse will be responsible to administer the medicine to my child. Therefore, all medicine, both prescribed and over the counter medicines must be given to the camp nurse on the first day of camp.

I understand that 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 have provided this insurance information in the event that my child should need treatment by a physician/hospital.

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

I hereby give permission to Cragmont Assembly, Incorporated and its authorized representative to consent for medical/surgical treatment for the above-named camper (my minor child) as is deemed necessary from June 27-July 2.

Parent/Legal Guardian Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Please complete both sides**

# Medications/Instructions

All medications, including over the counter medicines, will be kept and administered by the camp nurse. Medications should remain in the original container. If your child routinely takes any over the counter medicines, please list them below and send the medications to camp with your child.

Medication and Dosage: \_\_\_\_\_

Reason Medication is given: \_\_\_\_\_

Times/Schedule: \_\_\_\_\_

Medication and Dosage: \_\_\_\_\_

Reason Medication is given: \_\_\_\_\_

Times/Schedule: \_\_\_\_\_

Medication and Dosage: \_\_\_\_\_

Reason Medication is given: \_\_\_\_\_

Times/Schedule: \_\_\_\_\_

Medication and Dosage: \_\_\_\_\_

Reason Medication is given: \_\_\_\_\_

Times/Schedule: \_\_\_\_\_

If your child occasionally needs an over the counter medication, some will be available for treatment of minor problems. Please indicate which of the following medications may be given to your child if **needed:**

\_\_\_\_\_ Tylenol

\_\_\_\_\_ Benadryl

\_\_\_\_\_ Zantac (heartburn aid)

\_\_\_\_\_ Motrin

\_\_\_\_\_ Cough medicine

\_\_\_\_\_ Pepto Bismol