

General Youth Conference 2

July 10-15, 2023

Are you ready for GYC2?! We hope so, because it's time to sign up for camp! A Christ-focused week filled with Christian instruction, worship, recreation, music, service, and fun, GYC2 is for those youth that have completed 3rd through 12th grades.

FOR 2023, THE GYC2 THEME IS "BE REAL" FROM ROMANS 12:3

The cost for GYC2 is **\$415.00**. This price includes transportation, lodging and meals at Cragmont, snacks, a group picture, a T-shirt, a **trip to the Factory**, and a **service project** with Cragmont. In order to secure your space at GYC2, you need to fully complete all of the following forms (please send forms on separate sheets of paper):

- 1. Registration Form*
- 2. Medical Form & Copy of Insurance Card*
- 3. Liability Release Form*

You then need to return ALL forms and a **\$150.00** deposit, with checks made payable to GYC2 as soon as possible. AND WE'RE NOT KIDDING!!! Last year, we were totally booked for camp by the middle of April. So if you wait around to send in your forms and deposit, there's a good chance you may end up waitlisted! All forms and monies need to be sent to:

Wilma Parker, Registrar
1190 Hwy 258 North
Kinston, NC 28504

The remaining **\$265.00** is due by June 15th. And after June 15th, all deposits are non-refundable. All money is due BEFORE campers board the buses. About two weeks before camp, an Information Sheet will be sent with specific details about the week, as well as when and where to board the bus.

PLEASE TAKE NOTE: Over the past few years, there has been an increase in campers leaving GYC2 before the end of camp in order to attend other activities. It is our main goal at GYC2 to spend the full week working with you. *Therefore, if you are planning to leave GYC2 before Saturday, we ask that you graciously opt out of camp and allow space for those campers who would like to attend for the entire week.*

If you have any questions about registration or need more information, please contact Wilma by phone, text, or email at:

252-560-2026
wilmaparker@duck.com

General Youth Conference 2 Registration Form

July 10-15, 2023

Name (first & last): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ E-

mail Address: _____

Phone #: (_____) _____ Grade Completed '23 _____

School You Will Be Attending in the Fall: _____

Primary Parent/Guardian Phone #: (_____) _____

Home Church: _____ City: _____

Age (as of camp date): _____ Date of birth: _____

Gender: M F (circle one)

***T-shirt Size: (CIRCLE one)

		<u>YOUTH:</u>	Small	Medium	Large		
<u>ADULT:</u>	Small	Medium	Large	X-Large	XX-Large	XXX-Large	

I want to ride the bus with _____ Church from _____ (City).

If possible, I would like to room with:

1. ME ('cause I have to room with myself!)
2. _____
3. _____
4. _____

*****IF THE HOME CHURCH OR ANOTHER CHURCH WILL BE PAYING THE COST FOR THIS CAMPER, PLEASE NOTE THE CHURCH'S NAME BELOW.**

**GYC2 MEDICAL FORM
FOR CRAGMONT ASSEMBLY**

CAMPER'S FULL NAME: _____ DOB: _____ AGE _____

HOME PHONE: (____) _____ SEX: _____ SOCIAL SECURITY #: _____

(NOTE: SOCIAL SECURITY # IS FOR MEDICAL EMERGENCIES ONLY AND WILL NOT BE GIVEN OUT OTHERWISE!)

MAILING ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FAMILY DOCTOR/PRACTICE NAME: _____ PHONE: _____

MOTHER'S NAME: _____ HOME PHONE: _____

ADDRESS: _____

EMPLOYER: _____ WORK PHONE: _____

FATHER'S NAME: _____ HOME PHONE: _____

ADDRESS: _____

EMPLOYER: _____ WORK PHONE: _____

INSURANCE INFORMATION / PARENT OR LEGAL GUARDIAN CONSENT

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

Costs for all treatment/medicine will be the responsibility of the parent/legal 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 that my child should need treatment by a physician/hospital:

**WE MUST HAVE A COPY OF ALL INSURANCE CARDS, FRONT AND BACK
(THIS INCLUDES MEDICAID CARDS)**

PRIMARY INSURANCE INFO:

COMPANY NAME: _____

INSURED CARDHOLDER'S NAME: _____

SSN: _____ DOB: _____

SUBSCRIBER #: _____

POLICY #: _____ GROUP #: _____

SECONDARY INSURANCE INFO:

COMPANY NAME: _____

INSURED CARDHOLDER'S NAME: _____

SSN: _____ DOB: _____

SUBSCRIBER #: _____

POLICY #: _____ GROUP #: _____

EMERGENCY CONTACTS:

(1) NAME & RELATIONSHIP TO CAMPER: _____

HOME PHONE: _____ WORK PHONE OR CELL: _____

(2) NAME & RELATIONSHIP TO CAMPER: _____

HOME PHONE: _____ WORK PHONE OR CELL: _____

PERMISSION TO TREAT

If a camper requires confinement for illness for twenty-four (24) hours or more, the parent/legal 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 fever and/or any contagious condition the first day of camp, I am instructed not to send him/her to camp. I will be asked to come to Cragmont Assembly to pick up my child if he/she is 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, Incorporated and its authorized representative to consent for medical/surgical treatment for the above named camper (my minor child) as is deemed necessary.

Parent/Legal Guardian signature: _____

PRINT name: _____ Date signed: _____

PERSONAL HISTORY AND INFORMATION

ALLERGIES: (PLEASE BE SPECIFIC)

DRUGS: _____ FOODS: _____

SEASONAL: _____ INSECT _____

BITES: _____

DATE OF LAST TETANUS SHOT: _____

DOES CAMPER NEED A SPECIAL DIET: _____ IF SO, PLEASE GIVE SPECIFIC INSTRUCTIONS: _____

LIST ANY MEDICATIONS CAMPER IS CURRENTLY TAKING - OVER THE COUNTER (OTC) AND PRESCRIPTION: _____

PLEASE DO NOT SEND OTC MEDICATIONS WITH YOUR CHILD, THEY WILL BE PROVIDED AS NEEDED. LIST ANY OTC MEDICATIONS YOU **DO NOT** WANT YOUR CHILD TO RECEIVE: _____

IS THERE A HISTORY OF ANY OF THE FOLLOWING DISEASES IN THE CAMPER'S FAMILY (PARENTS, SIBLINGS AND / OR GRANDPARENTS)? (PLEASE CHECK ALL THAT APPLY)

_____ DIABETES _____ HIGH BLOOD PRESSURE _____ HEART TROUBLE _____ CANCER
_____ OTHER HEREDITARY DISEASE (SPECIFY:)_

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY TO THIS CAMPER:

- _____ ANXIETY
- _____ ARTHRITIS
- _____ BREATHING PROBLEMS (ASTHMA, ETC.)
- _____ CANCER
- _____ DEPRESSION
- _____ DIABETES
- _____ DIZZINESS
- _____ FRACTURES
- _____ HEADACHES
- _____ HEART PROBLEMS (MURMURS, ETC.)
- _____ HIGH BLOOD PRESSURE
- _____ HYPERACTIVITY
- _____ INFECTIOUS DISEASE (TB, HEPATITIS, ETC.)
- _____ JOINT PROBLEMS
- _____ KIDNEY / BLADDER PROBLEMS (UTI, BEDWETTING, ETC.)
- _____ LIVER PROBLEMS

- _____ MENSTRUAL PROBLEMS

- _____ SEIZURES
- _____ SKIN PROBLEMS
- _____ SLEEPWALKING
- _____ STOMACH PROBLEMS
- _____ STREP THROAT
- _____ THYROID PROBLEMS
- _____ TONSILLITIS
- _____ VISION / HEARING PROBLEMS

PLEASE EXPLAIN ANY CHECKED ANSWERS:

PREVIOUS HOSPITALIZATION / SURGERIES / PROCEDURES: _

DOES THIS CAMPER HAVE ANY PHYSICAL LIMITATIONS? _____ IF YES, PLEASE BE SPECIFIC: _

LIABILITY RELEASE
FORM
Release of All Claims

In consideration for being accepted by General Youth Camp2 (GYC2) and Cragmont Assembly, Inc. (Cragmont) for participating in all camp related activities from July 10-15, 2023, we being 21 years of age or older, do for ourselves and for and on behalf of our child-participant if said child is not 21 years of age or older do hereby release, forever discharge and agree to hold harmless GYC2 and Cragmont, and its officers, directors, members, agents, servants, and employees from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child-participant that occur while said child- participant is participating in the above described activity.

Furthermore, we for ourselves and on behalf of our child-participant if under the age of 21 years hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and activities involved.

Further, authorization and permission is hereby given to GYC2 to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify GYC2 and Cragmont, its officers, directors, members, agents, servants, and employees for any liability sustained by said groups as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We are the parents or legal guardians of this participant, and hereby grant our permission for him/her to participate fully in said trip, and hereby give our permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary actions or otherwise, we hereby assume all transportation costs.

The use of plurals such as "we, ourselves," etc., is intended to also encompass the singular and should be read as "myself" etc., where appropriate.

Signatures

Only participant needs to sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated, divorced, or widowed in which case the custodial parent must sign.

Participant's Name

Participant's Signature

Date

Parent's / Legal Guardian's Signature

Date

Parent's / Legal Guardian's Signature

Date