

General Youth Conference

@ Camp Cragmont

July 22-27, 2024

Carowinds

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The **greatest** camping experience for the summer of 2024 is right here...General Youth Conference at **Cragmont Assembly!** It's designed for kids and youth who have completed the third grade through high school.

The cost of camp is **\$400** per camper which includes transportation, food and lodging at Cragmont, daily snacks, group picture, activity fee, camp T-shirt, and an off-campus trip to **CAROWINDS!** (*Please note: The Carowinds trip is contingent on an adequate number of registered campers by June 1st to cover cost for transportation and admission so don't wait. Campers are placed in groups for the day at Carowinds, and younger campers are assigned to groups with adults for the day. All Campers will wear their camp shirt to be more easily identified while at Carowinds.)

Registrations are processed in the order received and Cragmont Assembly has a maximum number to accommodate. Please complete the registration form below and return no later than **June 1** with the nonrefundable deposit of \$150. PLEASE NOTE: A deposit MUST accompany this form. NO FORM will be registered without a deposit – no exceptions. If your church pays for camp – they need to send a registration check. The \$250 balance and room request form (which will be sent *via email* after registrations are received) will be due by June 15. Checks should be made payable to **GENERAL YOUTH CONFERENCE**.

DON'T WAIT!!! This GREAT week of camp will fill up fast!! PLEASE be sure to complete the PHOTO RELEASE FORM (reverse side) and both pages of the MEDICAL FORM. Return all forms with your deposit. For further information call Todd Sutton at 252-341-1093.

Mail registration, photo release (reverse side of registration), health form, and liability form (reverse side of health form) to: **GYC, c/o Todd Sutton, 788 Burrellfield Rd., Snow Hill, NC 28580**. All 4 pages must be received to complete registration, along with any additional medical information AND deposit.

[Join the GENERAL YOUTH CONFERENCE-CRAGMONT ASSEMBLY GROUP on Facebook to receive notifications!](#)
[This is a CLOSED group, so you must request to join.](#)

THIS IS THE ONLY FORM SHARED BY POSTAL MAIL. All correspondence for camp from this point forward will be by email from: sharingtheword@hotmail.com. Please **PRINT** your EMAIL ADDRESS you regularly check to be sure you receive correspondence. Any misread letter or character may result in you not receiving your correspondence later.

Name: _____ Sex: _____

Mailing Address: _____

City / State / Zip: _____

Parent's Telephone:() _____ Grade Completing this year: _____ Age: _____

T-Shirt Size: (youth sizes:) Med _____ Lg _____ adult small _____

(Adult sizes) Med _____ Lg _____ X-Lg _____ XX-Lg _____

Church Name: _____ City: _____

Parents/Guardians: _____

Parent's Email Address: _____

(Needed for communication regarding camp only. Print legibly.)

FEEL FREE TO MAKE COPIES FOR YOUR FRIENDS.
Register ASAP to ensure inclusion of Carowinds trip!

Please circle one
New Camper Returning Camper

General Youth Conference and Cragmont Assembly Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse promotional settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations
- informational / promotional presentations

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational and promotional purposes.

Camper's Full Name _____

Parent's Name _____

Street Address/P.O. Box _____

City _____

Zip Code _____

Phone _____ Fax _____

Email Address _____

Parent's Signature _____ Date _____

General Youth Conference – Cragmont Assembly
Health Information Form
July 22-27, 2024

Camper Full Name: _____

Gender: Male Female Birth Date: _____ Age upon arrival: _____ Weight: _____

Camper Home Address: _____

Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relation: _____ Phone: (_____) _____

Home Address: _____

(If different from above) – Street Address City State Zip Code

Second parent/guardian or other emergency contact

Name: _____ Relation: _____ Phone: (_____) _____

Additional contact in event parent(s)/guardian(s) cannot be reached

Name: _____ Relation: _____ Phone: (_____) _____

Allergies: No known allergies This camper is allergic to: Food Medicine Environment (insects, pollen, etc.)

Other

Please list what the camper is allergic to and the reaction seen.

Immunizations: Last tetanus shot: _____ (MUST be within the last 10 years)

General Health History: Check “yes” or “no” for each statement. **Explain “yes” responses below, noting the question #.**

- | | |
|--|---|
| 1. Have a recurrent/chronic illness(es)? <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Have problems falling asleep/sleep walking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Had a recent infectious disease (last 6 months)? . <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Have attention deficit/hyperactivity disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Being treated for emotional or behavioral difficulties or eating disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had asthma/wheezing/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Had a significant life event that continues to affect the camper’s life? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Wear glasses, contacts, of protective eyewear? . <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. Have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Activity Restrictions:

- I have reviewed the example camp activities and feel the camper can participate without restrictions.
 I have reviewed the example camp activities and feel the camper can participate with the following restrictions. **(Please describe below)**

Medication(s): This camper will not take any daily medications while attending camp.
 This camper will take the following medications while at camp: (Medications include prescription, over the counter products, vitamins, and supplements).

Please list all medications and doses the camper will be taking while at camp. The camp nurse will contact you individually for further information closer to date.

The following non-prescription medications may be stocked by the camp nurse and are used on an as needed basis to manage illness and injury. **Cross out any medications the camper should not be given.**

- | | |
|---|--|
| Acetaminophen (Tylenol) | Phenylephrine decongestant (Sudafed PE) |
| Ibuprofen (Motrin, Advil) | Pseudoephedrine decongestant (Sudafed) |
| Antibiotic cream | Guaifenesin cough syrup (Robitussin) |
| Aloe | Dextromethorphan cough syrup (Robitussin DM) |
| Calamine lotion | Sore throat spray |
| Antihistamine/allergy medicine (ex. Cetirizine [Zyrtec]) | Cough drops |
| Diphenhydramine (Benadryl) antihistamine/allergy medicine | Calcium carbonate antacid (Tums) |

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Health Information Form – page 2

Diet/Nutrition: The camper eats a regular diet. The camper has specific dietary needs/intolerances.

Please explain below.

Medical Insurance Information: Identify any healthcare coverage/insurance the camper has: Insurance Medicaid
 Self-Pay

Insurance Company: _____ Policy Number: _____

Subscriber's Name and Date of Birth: _____ Subscriber ID: _____

Required to attach copy of insurance card/Medicaid card if appropriate. Copy must be front and back and readable.

***Failure to include this information may result in registration delay.**

PARENT / LEGAL GUARDIAN AGREEMENT / CONSENT

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

This health history is correct and accurately reflects the health status of the camper (minor child) to whom it pertains. The person described has permission to participate in all camp activities except as noted by myself. I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. I understand the information on this form will be shared on a "need to know" basis with camp staff and medical personnel as necessary. I give permission to photocopy this form for medical use only.

Cost 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 re-turn 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.

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 a fever and / or any contagious condition the Sunday before 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 release and forever discharge Cragmont Assembly and each and every one of its employees, directors, counselors, and affiliates from all causes of action related to accidental injury or sickness acquired during camp week. I release and forever discharge Cragmont Assembly and each and every one of its employees, directors, counselors, and affiliates from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties relative to the health, sickness, and treatment of _____.

(camper's name)

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Type or PRINT Name (s): _____