

YOUTH FRONTIER CONFERENCE

AFC/YFA Week

at

Cragmont Assembly

July 1 – July 6, 2024

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. Our AFC/YFA campers will experience God through Biblically centered discipleship, worship & connection. There will be times of worship, music, games, crafts, recreation, and tons of fun!

We can't wait to see you!

If you would like to come to AFC/YFA week of camp, please complete the application, permission forms, and deposit by May 26th. AFC is kids entering first grade through kids entering 6th grade, and YFA is youth entering 7th grade through those who have just completed High School. The cost for camp this year is \$400, with a nonrefundable deposit of \$125.00. Camp is **all-inclusive**. You do not need to send money with your child unless your child wants to buy something from the Cragmont Camp Store. Once the **registration form**, **medical form**, and **deposit** have been received, a welcome packet containing more information about camp this summer will be delivered to you. This will include a list of what to bring and general information you may need for our week. Any forms and deposits made after June 5th are not guaranteed a “camp t-shirt.”

If there are any questions, please email or call at 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: _____

Would you like the information above to be shared with Cragmont Assembly? Yes No

Gender Male Female

The grade that you will be in during the 2024-2025 school year _____

Age _____

Birth-date _____

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

*You may receive a t-shirt one size larger than ordered if absolutely necessary.

Mother's name _____ Father's name _____

Mother's Phone # _____ Father's Phone # _____

Other Emergency Contact Person & Relationship _____

Emergency Person's Phone # _____

Parent's Email address _____

The 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: _____

Medical History/Instructions

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

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)

Does your child have any medical, emotional, mental, or social concerns that we should know about?

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 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 for administering the medicine to my child. Therefore, all medicine, both prescribed and over-the-counter medicines, must be given to the camp nurse upon boarding the bus.
- 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: _____

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: _____

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Times/Schedule: _____

If your child occasionally needs 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

I hereby give permission to Youth Frontier Conference and its authorized representative to consent for medical/surgical treatment for the above-named camper (my minor child) as is deemed necessary from June 26 - July 1.

Child Name: _____

Parent/Legal Guardian Signature: _____

Type or Print Name: _____ Date Signed: _____