



## **Included:**

- 1. Liability Waiver** ★
- 2. Registration** ★
- 3. Medication Form** ★
- 4. Photo Release Form** ★
- 5. \*\*Health & Safety Guidelines\*\***
- 6. \*\*Camp Policies & Procedures\*\***
- 7. \*\*Departure Details\*\***

***\*\*Please keep these items for your records\*\****

★ ***Please return these forms to the Jefferson Office***

# **YOUTH CAMP**

**JULY 13-17 | LEXINGTON, NE**

# NYM Camp Liability Waiver

## COVID-19 RELEASE & HOLD-HARMLESS AGREEMENT

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The current world-wide Coronavirus ("COVID-19") pandemic and government-mandated health and safety guidelines in many communities underscore the risks associated with individuals attending and participating in activities at an over-night camp or retreat center. The undersigned understands that exposure to disease-causing organisms and objects, such as COVID-19, and personal contact with others, including but not limited to other guests, volunteers, staff, leaders, directors, and others on the property before or during the week of camp. I understand that exposure to COVID-19 and other viruses or diseases involves a certain degree of risk that could result in illness, permanent disability, or death. The undersigned also acknowledges that it is impossible to screen and/or monitor all such individuals. After fully and carefully considering all the potential risks involved, I hereby assume the same and agree to release and hold-harmless The Crossing Retreat Center and the Nebraska District Council of the Assemblies of God and its employees, staff, volunteers, officers, agents, contractors and vendors from and against, all claims and liability resulting from exposure to disease-causing organisms and objects, such as COVID-19, associated with attending and participating in activities at The Crossing Retreat Center. If a student or volunteer begins to show COVID-19 symptoms they will be quarantined and sent home as soon as possible.

Attendee Name

First Name

Last Name

Camp Attending

Youth Camp 2 (July 1: ▼)

I agree to prescreen my student for COVID-19 symptoms prior to departing for camp. If my student displays any of the following symptoms, I will NOT send them to camp.

- Temperature of 100.4 or above
- Cough
- Shortness of breath or difficulty breathing
- Direct contact with a confirmed COVID-19 case within the last 14 days

Parent/Guardian (or  
attendee name if over  
18)

First Name

Last Name

Parent/Guardian  
Signature (attendee  
signature if over 18)

[Clear](#)

# NYM YOUTH CAMP 2020 | CAMPER REGISTRATION FORM

NYM OFFICE USE ONLY  
Scanned: \_\_\_\_\_

## 1. WHICH CAMP(S) ARE YOU ATTENDING?

\*GRADES ARE BASED ON GRADE GOING INTO FALL OF 2020

July 13-17 (7-Grads)

## 2. CHURCH CONTACT INFORMATION

Church Name Calvary Church City Springfield, IL

Contact Name Brian Korell Email bkorell@calvaryspringfield.org

## 3. CAMPER INFORMATION

\*EACH CAMPER MUST COMPLETE A SEPARATE FORM

Name \_\_\_\_\_ Gender at Birth: M / F Grade Entering \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone# \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Secondary contact to Parent/Guardian. Must be different than Parent/Guardian listed.

## 3. MEDICAL INFORMATION

\*MUST BE FILLED OUT BY A PARENT OR GUARDIAN

Do you have insurance?  Yes\*  No \*If Yes, Insurance Company \_\_\_\_\_

Include a scan/photo of your insurance card. Policy # \_\_\_\_\_ Phone# \_\_\_\_\_

Clinic/Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Date of last medical exam: \_\_\_/\_\_\_/\_\_\_

Are all immunizations current with state requirements?  Yes  No\*

\*If No, please explain: \_\_\_\_\_

Food Allergies:  Yes  No If Yes, Please list \_\_\_\_\_

Other Allergies:  Yes  No If Yes, Please list \_\_\_\_\_

History of:  Heart trouble  Diabetes  Fainting  Asthma  Allergies  Nosebleeds  Headaches

Other: \_\_\_\_\_

Mobility Limitations/Restrictions: \_\_\_\_\_

Other Medical History: \_\_\_\_\_

Camper is allowed to be administered:  Ibuprofen  Tylenol  Benadryl  Pepto-Bismol  TUMS

Will Camper be bringing Medication?  Yes\*  No

\*If Yes, Please list \_\_\_\_\_

\*If Yes: I understand that the **Camper Medication Form** must be filled out and turned in AT CAMP with the camper's medication. Parent/Guardian Initial \_\_\_\_\_

NYM OFFICE USE ONLY—DO NOT REMOVE



<input type="checkbox"/> Personal Check	<input type="checkbox"/> Church Check	# _____	Amount \$ _____	Date Received _____
<input type="checkbox"/> Personal CC	<input type="checkbox"/> Church CC	<input type="checkbox"/> Cash	<input type="checkbox"/> Split	_____

#### 4. Parental/Guardian Authorization:

After reading this entire form, I \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_ (camper's name) hereby give permission for my child to attend an NYM Camp in 2020.

I further certify that the medical history is correct as far as I know. I acknowledge that in the event of an emergency every effort to contact me and my emergency contact will be made, with that in mind, Nebraska Youth Ministries, its agents and employees, have permission to transport my child to such a physician and/or hospital as they may select, and to authorize and secure hospitalization, treatment, surgery, and/or medications for my child as they or the health care professionals involved may deem necessary for my child's well being. I agree to hold harmless Nebraska Youth Ministries, its agents and employees, with respect hereto.

I allow my student to participate in camp recreational activities including but not limited to: Playground, Mud-Pit, Various field games (splash kick ball, soccer, flag football, etc.), Dodge Ball, Basketball, Indoor swimming pool, Go-Carts, Gyro, Sand Volleyball.

I also understand that participants at The Crossing Campground are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian.

I have reviewed the camp dress code policies with my child. Camper's signature below confirms his/her agreement to abide by camp policies including dress code.

I understand that every effort will be made to room church groups in the same cabins. However, due to the structure of the camp and the limited number of beds, this is not always possible.

Permission is given to Nebraska District Assemblies of God to use photographs (individual or group) and/or multimedia images and recordings in the best interest of Nebraska District Assemblies of God.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Camper Name (Print)

\_\_\_\_\_  
Date

#### 5. PAYMENT/BILLING INFORMATION

##### **Registration Fee**

July 13-17 ..... \$260

T-Shirt (Circle Size: S M L XL 2XL 3XL) ..... +\$12

##### **Paying by Check:**

Make All Checks out to **Calvary Church**

##### **Paying by Credit Card:**

Name \_\_\_\_\_ Billing Zip \_\_\_\_\_

Card # \_\_\_\_\_ EXP \_\_\_\_/\_\_\_\_ CVC \_\_\_\_\_

Email \_\_\_\_\_

**Total \$ \_\_\_\_\_**

**Camper Medication Form (Turn this in AT CAMP CHECK-IN)**

Camp: HS JUNMRG JUNKID JULMRG JULKID

If your camper needs to bring any medication to camp, **please complete this form prior** to your camper's arrival at camp. **All medications must be the original containers.** Place all medication containers in a plastic bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the nurse's table during camp check-in. Inhalers are the only meds that can be kept with the camper (please send two in case one is lost).

Student Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_\_\_

Church: \_\_\_\_\_ Room #: \_\_\_\_\_ (Filled in at Camp)  
Church Name City

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  As Needed

	Breakfast	Initial/ Time	Lunch	Initial/ Time	Dinner	Initial/ Time	Bedtime	Initial/ Time	Other	Initial/ Time
<b>Monday</b>	EXAMPLE: 1/2 tab	Nurse fills out								
<b>Tuesday</b>										
<b>Wednesday</b>										
<b>Thursday</b>										
<b>Friday</b>										
Notes:										

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  As Needed

	Breakfast	Initial/ Time	Lunch	Initial/ Time	Dinner	Initial/ Time	Bedtime	Initial/ Time	Other	Initial/ Time
<b>Monday</b>										
<b>Tuesday</b>										
<b>Wednesday</b>										
<b>Thursday</b>										
<b>Friday</b>										
Notes:										

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  As Needed

	Breakfast	Initial/ Time	Lunch	Initial/ Time	Dinner	Initial/ Time	Bedtime	Initial/ Time	Other	Initial/ Time
<b>Monday</b>										
<b>Tuesday</b>										
<b>Wednesday</b>										
<b>Thursday</b>										
<b>Friday</b>										
Notes:										

# Calvary Youth Ministry

A Ministry of Calvary Church

## PHOTO RELEASE FORM

I authorize Calvary Church and any representative of Calvary Church to publish photos of the minor child listed below for use on the Calvary Church website/social media platforms and any other printed promotional or advertising material created for Calvary Church.

I acknowledge that participation on the website/social media and in other promotional or advertising materials produced by Calvary Church confers no rights of ownership whatsoever and am aware I am not entitled to any compensation. Since anyone can download an image from the Internet or make copies from printed materials, I agree that Calvary Church is not responsible for unauthorized use of the images. I release Calvary Church, its representatives and its employees from liability for any claims by me or any third party in connection with the minor child listed below.

I release Calvary Church from any expectation of confidentiality for the minor child and attest that I am the parent or legal guardian of the child listed below.

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Age of Minor

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Phone Number

By signing below I acknowledge I have read and understand the above information.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

# NYM YOUTH CAMPS 2020 EXPEDITION

## Youth Camp Registration Packet 2020 JULY 13-17 | \$260 DUE WITH REGISTRATION

### IMPORTANT INFORMATION

- Grades 7th-2020 Graduates. A student's grade should be based on the grade they are going into in the 2020/2021 school year.
- The pricing for camp has been adjusted in response to the pandemic.
- Every attempt is made to room church groups in the same room. However, there are a limited number of beds in each room.
- We do not take specific roommate requests. If you have concerns regarding housing, please contact the NYM Office.
- If a camper is bringing medication to camp, the **Camper Medication Form** will need to be filled out and brought with them TO CAMP CHECK-IN along with the camper's medication.



Nebraska  
Youth Ministries



## **The Crossing Retreat Center Health and Safety Guidelines Summer 2020**

In coordination with the Two Rivers Public Health Department, we have been approved to conduct our Summer Youth and Kids Camps for the Summer 2020 season. The following guidelines have been established which will allow us to have a safe and fun week for our campers, volunteers and staff.

### **Before traveling to Camp:**

- Fill out and sign [liability waiver form](#)
- Pre-screen for temperature (100.4 degrees) and other COVID-19 symptoms

### **Upon Arrival at Camp:**

- Follow parking signage to registration areas as directed by Camp Staff
- Follow registration instructions (distributed at entrance) outlining distanced check-in process
- Log temperature and wellness check (100.4) with Camp health team upon check-in
- Confirm housing arrangements and location

### **Housing Check-In:**

- Proceed to assigned housing
- Adhere to 1 person per bunk set (alternating upper/lower bunk, no head-to-head bunks)
- Open door policy between adjoining rooms

### **Dining Center:**

- Hand washing is encouraged throughout the day
- Hand sanitizer will be made available and dispensed by staff before and after meals
- Follow marked spacing guides in food serving lines (no self-serve buffet at this time)
- Six people per table in dining center/tables spaced at 6 feet

### **Recreation:**

- Swimming pool will operate at 25% capacity with groups rotating swimming times
- Non-contact sports and games will be coordinated with the Rec Staff
- Hand sanitizer will be made available before and after rec events
- All rec equipment will be sanitized before and after use

### **Auditorium/Tabernacle Services**

- Row seating in the auditorium will be spaced for health and safety guidelines
- Hand sanitizer will be made available upon entrance and exit
- Groups will be seated and dismissed by row

\*Masks/Cloth Face Coverings will be made available to all guests and staff.



# NYM Camp Policies and Procedures

## RULES AND REGULATIONS:

1. Campers must pay for any damages they are responsible for.
2. Boys are not allowed in girls rooms, girls are not allowed in boys rooms.
3. Covering or large towel must be worn over bathing suits to and from the pool. Shoes and shirts must be worn at all times out-side the dorms.
4. ONLY registered campers and staff are permitted on the grounds. Visitors must be approved by the DYD or Camp Director prior to arrival.
5. No camper shall leave the grounds without proper permission from the DYD or Camp Director, and they must check out at the Nurses Station before leaving.
6. All medications brought to camp shall be turned into the nurse and be accompanied by a Camper Medication Form: Camper's name, name of prescribing physician, prescription number, date prescribed, name of medication, directions for use.

## DISCIPLINE POLICY:

- |             |   |
|-------------|---|
| 1st Offense | Dorm Leader corrects  |
| 2nd Offense | Visit with Camp Dean  |
| 3rd Offense | Call home and possibly sent home at Camper's/Parent's Expense |

**RECREATION ACTIVITIES:** Putt-putt golf, playground, various field games (splash kickball, ultimate frisbee, capture the flag, soccer, etc.), dodge ball, basketball, indoor swimming pool, inflatables, go-karts, gyro, human foosball, gaga ball, sand volleyball.

**DRESS POLICY:** We take pride in the appearance of our campers. Your dress reflects the quality of the camp. All campers are expected to dress and groom themselves well. Inappropriate or immodest clothing is not permitted. No clothing portraying indecent, suggestive, or profane writing, pictures, or slogans. No t-shirts cut to show midriff OR THE SIDES OF YOUR TORSO whether male or female. Ladies: No strapless or spaghetti strap shirts/dresses. No shorts or skirts that are too short or too tight. A camper may be asked to change at the discretion of camp staff.

**VISITS / CALLS:** Camp registration begins on Monday at Noon. Camp concludes at Noon on Friday. All campers must be off the campgrounds following lunch on Friday. We ask parents to limit calls to an urgent nature. The office phone number is (308) 746-3060. Evening services are not open to the general public. **Only registered campers and staff are allowed on the grounds!** Students are permitted to bring cell phones, but we ask them to keep them secured and only use them with their dorm leader's permission. The camp is not responsible for lost or damaged cell phones.

**MAIL CALL:** Campers love getting mail! We suggest you send mail prior to the first day of camp to ensure it arrives on time, or send it with an adult from your group. Address mail to: (Camper's Name) (Camp session - i.e. High School Camp) 1006 N. Airport Rd. Lexington, NE 68850

**INSURANCE:** The camp carries coverage secondary to the student's medical insurance. Students should attach a copy of their insurance card to their registration form.

**LOST AND FOUND:** Please mark your camper's belongings. It is the camper's responsibility to check the Lost and Found. A fee will be charged if you request us to ship lost and found articles after camp. Lost and found items are kept only until the end of the camping season—Approximately Aug 1. We are not responsible for lost items.

**REFUND POLICY:** Any request for a refund must be made three or more days prior to the start of an event to be valid. All requests will be processed by our NYM staff and refunded in the same form payment was made. \$85 of the registration price is non-refundable.

## WHAT TO BRING:

- Sleeping bag/bedding
- Pillow
- Several towels
- Pajamas
- Nicer clothes for services
- Recreational clothes/shoes
- Sweatshirt/jacket
- Swimsuit/cover-up
- Raincoat/umbrella
- Outfit to wear for water day
- Flashlight
- Toiletries
- Sunscreen
- Bug spray
- Spending money
- Medications
- Bible, notebook, pen
- Plastic bag for wet clothes/towels

## WHAT NOT TO BRING:

- Video games
- Fireworks
- Tobacco/alcohol/drugs/vaping devices
- Weapons
- Pets
- Inappropriate clothing
- Pornography
- Hover boards

## CONTACT INFO:

**NYM Office (Send Forms Here)**  
Mail: Nebraska Youth Ministries  
PO Box 1965  
Grand Island, NE 68802  
P: (308) 384-1234  
Fax: (308) 384-1370  
Email: youth@neag.org

**The Crossing Campground**  
Address: 1006 N Airport Rd  
Lexington, NE 68850  
P: (308) 746-3060



Nebraska  
Youth Ministries

# TEEN CAMP

Departure Details - MONDAY, JULY 13TH

## Monday July 13

**3:15 AM** Arrive at Jefferson Campus; East doors of Oasis next to gas station  
Register and turn in medication

**3:45 AM** Prayer

**4:00 AM** Bus leaves

**12:00 AM** Lunch

**1:00 PM** Arrive in Lexington, Ne

## Friday July 17

**1:00 PM** Leave Lexington, NE

**5:00 PM** Dinner

**10:00 PM** Arrive back at the Jefferson Campus; East doors of Oasis

**\*\*Students will need money for 2 meals on the road and for  
concession each night at camp\*\***

**KEEP  
FOR YOUR RECORDS**