THE NAMING PROJECT SUMMER CAMP
CAMPER REGISTRATION

Camper's Name: _____ Date of Birth: _____ /_____ /_____
First Name   Middle Name   Last Name   Month Day Year

Address: _____ Home Phone: _____
Street Address/PO BOX

_____ Camper's Cell Phone: _____
City   State   Zip Code

Family E-mail Address: _____ Is it okay to e-mail you at this address? Yes / No

Camper E-mail Address: _____ Is it okay to e-mail you at this address? Yes / No

Grade Completed by Summer: _____ School Attended: _____ Gender: _____

T-Shirt Size (please circle): **Youth:** Small Medium Large **Adult:** Small Medium Large XL XXL

Parent/Guardian: _____Primary Phone: _____

Address: _____ Secondary Phone: _____
Street/PO BOX   City   State Zip Code

Relationship to camper: _____

Parent/Guardian: _____Primary Phone: _____

Address: _____ Secondary Phone: _____
Street/PO BOX   City   State Zip Code

Relationship to camper: _____

Parent/Guardian: _____Primary Phone: _____

Address: _____ Secondary Phone: _____
Street/PO BOX   City   State Zip Code

Relationship to camper: _____

Person Responsible for Payment (if different)
Address: _____ Phone: _____
Street/PO Box City State Zip Code

Emergency Contact 1:_____ Phone: _____
Emergency Contact 2:_____ Phone: _____

The Naming Project Camp aims to make camping an exciting and wonderful time of learning, recreation, and experiencing God's creation for all participants. The following questions will help us best meet your expectations and needs.

Anything to consider when assigning cabins (i.e. usually associates with younger or older youth, skipped a grade, etc.)?
_____

All youth are required to fill out medical forms once they have been registered. However, please note any dietary restrictions, allergies, or special needs: _____

Any emotional/psychological/spiritual needs to be aware of? _____

_____

Payment: Please make out all checks to The Naming Project; in the memo line please note Summer Camp

- Tuition for the Camp is $300 for the five-day session **(scholarships are available)**
- Transportation from Minneapolis/St. Paul is $15 each way/$30 roundtrip

Payment Schedule: A $100 non-refundable deposit is required at the time of registration for all campers. The balance must be paid by the beginning of camp.

Camp Tuition $_____ + Twin Cities Travel $_____ - Deposit $_____ = Balance $_____

If you are applying for a scholarship please check below and indicate need (we recognize that some teens will be flying in from across the country and will be paying for travel and camp; we also recognize the cost of camp may be prohibitive to some families—our goal is to make camp affordable to all, and we will work to secure a place for all interested youth!) We do request that all applicants submit the $100 registration deposit. If you receive a full scholarship the deposit will be returned or used toward travel.

☐ Partial Camp Scholarship Requested (reason):_____

☐ Full Camp Scholarship Requested (reason):_____

Waiver and Release
I understand that some camp activities have inherent risks. My child has permission to participate in the camp activities at The Naming Project Camp. I will assure that my child is properly prepared for all activities including having proper clothes and equipment, being in good health and willing and able to participate in camp activities, and willing to abide by camp policies and follow the directions of camp personnel. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of any emergency affecting my child. In the event that I cannot be reached in an emergency, I hereby authorize the emergency contact people to act on my behalf. Furthermore, in the event that I cannot be reached, I authorize The Naming Project Summer Camp and Bay Lake Camp to select a physician and/or hospital to provide emergency medical and surgical treatment and 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.

I understand that my child can be dismissed from camp for reasons including, but not limited to: chronically disruptive behaviors, illegal activity, breaking of camp rules, contagious illness, or destruction of property. If my child is dismissed from camp, I understand that it is my responsibility to arrange and pay for transportation for my child to return home.

Acknowledging that participation in camping programs carries with it the risk of injury, I agree that The Naming Project and Bay Lake Camp, their agents and employees shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in The Naming Project Summer Camping Program at any time preceeding, during, or after camp is in session. I hereby discharge The Naming Project and Bay Lake Camp, their agents and employees from all actions, claims, and demands my child or I may have for any such injury or damage. I hereby grant permission to the director and his/her staff to involve my child in adventure/group building activities, including swimming, as part of the regular camp program.

A Health/Medical Release form must be completed and returned before camp enrollment dates in order for the camper to participate in camp activities.

Parent or Guardian Signature _____ Date _____

Waiver and Release for Photographs and Video (Optional)
Youth involved in The Naming Project Summer Camp will be discussing issues that are sensitive at both the personal and societal level. Recognizing this fact, The Naming Project is respectful of youth and their families with regard to their privacy and the use of photographs and videos taken during the camp session. If the youth and family are comfortable with photos and videos being used for advertising, promotional materials, documentaries, or educational materials we ask that you agree to the following. (**Please note that this is not required for participating in The Naming Project Summer Camp.)**

We hereby authorize that The Naming Project has the right to use photographs or videos taken of my child/of me during camp for advertising, promotional materials, documentaries, or educational materials.

Parent or Guardian Signature _____ Date _____

Youth Signature _____ Date _____

Send Registration With Deposit Payment To:

Ross Murray, Director
888c 8th Avenue #523
New York, NY 10019