New Life Island 2021 Youth Camp Registration: (Confirmations will be sent by email)

Name _____ Address _____

City _____ State _____ Zip _____ Birthdate _____/_____/_____ Age (at camp) _____

Boy ☐ Girl ☐ Grade Completed in spring this year _____ email _____

Father _____ Mother _____ Home Phone _____

Dad Cell/Work ( ) _____ Mom Cell/Work ( ) _____

Cabinmate Choice (Optional) 1 _____ 2 _____

Church You Attend _____ Address _____

City/State/Zip _____

Check Week of Registration:

_____	Teen Week	13-17 years	7/4-7/9	$390.00	_____ Junior Hi 2	11-13 years	7/25-7/30	$380.00
_____	Junior Hi 1	11-13 years	7/11-7/16	$380.00	_____ Junior 2	8-10 years	8/1-8/6	$370.00
_____	Junior 1	8-10 years	7/18-7/23	$370.00	_____ Junior Mini Week	8-10 years	8/4-8/6	$200.00
_____	Adventure 1	14-18 years	7/18-7/23	$470.00	_____ Adventure 2	14-18 years	8/1-8/6	$470.00

T-shirt Size (All campers receive a free T-shirt) Youth: M L Adult: S M L XL

A $75.00 per person, per week deposit must accompany this form. This deposit is non-refundable. If mailed before **May 1** a **$20.00** discount will be subtracted from the balance, which is due on arrival.

Please Complete the Medical Form and then send, with your deposit to: New Life Island, Box 480 Frenchtown NJ 08825

Office Use Only				
D	*Bal*	*C*	*SM*	*PB*

2021 Youth Camp Medical Form: This form must be completed and signed in order for your child to attend camp.

Medications taken regularly: _____

Special Conditions: _____

Allergies, please list: _____

Recent exposure to contagious disease: _____

Date of last tetanus shot: _____

Insurance Company: _____ Policy Number: _____

Address: _____ Phone Number: _____

Emergency Contact(s): _____

I authorize the following individuals (family member, church, etc.) to pick up my child from camp.

_____

Authorization: In case of medical emergency, I hereby authorize New Life Island camp staff to obtain emergency medical treatment for the child named on this form. I certify that my child is in good health and is able to participate in the camp program. I hereby give permission for my child to attend camp and to participate in all camp activities including high and low ropes, paintball, and canoeing and tubing done in conjunction with Bucks County River Country. I also give permission for my child's picture and/or digital image to be used for camp promotional purposes.

_____

Signature of Parent or Guardian Date

New Life Island

P.O. Box 480 Frenchtown, NJ 08825
610-294-9644 www.nli.org

Release and Assumption of Risk Form

I am aware that during the programming, which might include Tubing, Canoeing, Kayaking, Swimming, Low and High Ropes, in which I am or my child is participating at New Life Island, certain risks or dangers may be present.

I have and do hereby assume all of the above hazards and other related risks which may be encountered during any activity, and I do hereby hold New Life Island, its agents, employees, and associates harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever which I now have or which may arise from, or in connection with my participation in any camp event. I also certify that I am or my child is physically capable of participation in the activities at New Life Island.

I hereby irrevocably consent to and authorize the use and reproduction by New Life Island, or anyone authorized by New Life Island, of any, and all images taken during the activities in which I am or my child is participating without further compensation to me. All negatives, positives and digital images shall be the property of New Life Island.

Also, I am aware of the risks associated with the current Covid 19 situation. I understand and accept the risks associated with group activities during this time. I hereby assume all risks related to the Covid 19 virus.

I agree to obey and follow all rules, regulations, and instructions of New Life Island, its agents, employees and associates. The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors and administrators and for all members of my family, including any minors accompanying me. This is a legally binding document, which I have read and understand. If an incident does occur, all legal proceedings, including litigation will take place in Bucks County, Pennsylvania. A Parent or Legal Guardian must give permission for all persons under age 18.

Participant Information: (All information must be complete)

Name Age Phone

Address/City/State/Zip

X

(Signature of Participant)

X

(Signature of Parent or Legal Guardian) *(Date)*