



2015

IYOUTH

CAMP

14TH - 19TH JULY 2015

REGISTRATION PACK



Dear friend, we are so happy you picked up one of these forms. **IYOUTH CAMP** is for people from 13 - 19 years of age and if this is you, you are about to have a great time!

This is your **registration pack**, we will need you to fill it out completely to be considered for registration at **IYOUTH CAMP**. Because this information is so important, we have here at the bottom of this sheet a **checklist** with all the documents needed, use it to make sure we have all the stuff we need from you.

Bring all the documents and the checklist plus your registration fee to your youth leader / pastor. He or she will check with you that it is complete, receive your registration fee and then sign the final line of your checklist. All that information will then be sent to Alicia Cortes, our European Registration Coordinator.

For more information, you can email us at info@iyouthcamp.org or check our Facebook page <https://www.facebook.com/iyouthrocks>.

I am really looking forward to meeting you or seeing you again this Summer.

DONNELLE JOHNSON
Youth Camp Director
DONNELLE@IYOUTHCAMP.ORG



IMPORTANT INFO

CAMP DATES: 14th July - 19th July

CAMP ADDRESS

Istituto don Bosco
"Verde Soggiorno"
Via del Salsiani, 2
Gualdo Tadino - Umbria
ITALY
<http://www.verdesoggiorno.it>

Registration / Welcome starts
at 15:30/3:30 PM and departure
from 09:30 on Sunday

CAMP PRICE

130 €

50 € due 1 June (non refundable) + 80 € due 7 July
TRANSPORTATION COSTS NOT INCLUDED

Emergency contact during the camp:
Ps. Andre Cordeiro - European Camp Coordinator
(+39) 366 3569 956

TEEN CAMP POLICY AND GENERAL INFORMATION

RULES FOR ACCEPTANCE and participation in the camping program are the same for everyone without regard to race, color, sex, national origin, political or religious affiliations, or handicaps.

OUR PROGRAM INCLUDES dedicated counselors, outdoor classes, spiritual encouragement, seasoned speakers, fellowship, inspiration and spiritual blessings.

RECREATION includes football, basketball, games, competitions, team building and special group activities.

Camp Dress Code is **MODEST**. Please do not wear these items at camp: belly shirts, backless dresses. All shorts and skirts must be knee length.

SPECIAL GOVERNMENT and CAMP STATEMENT: No weapons, fireworks, tobacco products, illegal drugs, alcohol or profanity will be allowed at anytime. Violators will be sent home at their expense.

PICTURES - Any pictures and videos taken during the course of the week may be used for future promotional use.

WHAT TO BRING - A Bible, pen and pencil, writing pad, flashlight, towels, washcloths, soap, etc. Money for snacks.

NO CELL PHONES, TABLETS OR COMPUTERS

CHECKLIST

CHECKLIST: to be verified by youth leader / pastor	Camper	Leader
1. Registration form completed	<input type="checkbox"/>	<input type="checkbox"/>
2. Consent and release signed and dated	<input type="checkbox"/>	<input type="checkbox"/>
3. Health information in a separate envelope with camper's name on it	<input type="checkbox"/>	<input type="checkbox"/>
4. Medical insurance information	<input type="checkbox"/>	<input type="checkbox"/>
Policy number	<input type="checkbox"/>	<input type="checkbox"/>
3 copies of insurance card or policy	<input type="checkbox"/>	<input type="checkbox"/>
5. 3 copies of id (*)	<input type="checkbox"/>	<input type="checkbox"/>
6. Parents'/Guardians' letter of consent for travel and camp (see your local requirement for the document to be official)	<input type="checkbox"/>	<input type="checkbox"/>
7. Camper's covenant signed and dated	<input type="checkbox"/>	<input type="checkbox"/>
8. Permission for emergency medical treatment signed and dated	<input type="checkbox"/>	<input type="checkbox"/>
9. Registration fee	<input type="checkbox"/>	<input type="checkbox"/>

Youth pastor's/leader's Signature

Date:

(*) ID and insurance documents accepted:

For European Union Nationals: Valid ID card (or passport) + European Health Insurance Card (found at the back of national health insurance card for EU residents) or equivalent.

For Non-European Union Nationals ():** Valid passport + residence permit (if residing in Europe) + European health insurance card (found at the back of national health insurance card for EU residents) or equivalent.

(**) You must be a Schengen resident or have a Schengen visa to travel to Italy and through Switzerland. Otherwise, you may need another visa. Info at http://europa.eu/youreurope/citizens/travel/entry-exit/non-eu-nationals/index_en.htm

I am aware I must bring to camp the originals of the documents mentioned above.



Camper Name:	Date of birth:	Parent phone:

REGISTRATION FORM: PLEASE PRINT

Name: _____ Birth date ____/____/____ Age ____ Sex: M / F
 Last First Middle Initial DD MM YY

Address: _____

City _____ Post Code _____ Country _____

Phone: _____ Email: _____

Type of ID (ID Card, Passport,...) _____ ID Number: _____

Name of (Custodial) Parent or legal Guardian _____ **Name of Additional Parent or Legal Guardian or Next of Kin** _____

Home Phone: _____ Home Phone: _____

GSM/Work Phone: _____ GSM/Work Phone: _____

Email: _____ Email: _____

I hereby give permission for the following people, other than parents/guardians listed above, to pick up camper (please list)

EMERGENCY NOTIFICATION: These people will be contacted if parents/guardians are not available

Name 1: _____ Phone: _____

Address: _____

City _____ Post Code _____ Country _____

Email: _____ Relationship: _____

Name 2: _____ Phone: _____

Address: _____

City _____ Post Code _____ Country _____

Email: _____ Relationship: _____

CONSENT AND RELEASE

Photo Release: In consideration of the right of the aforementioned applicant to participate in this activity, I hereby give consent to and authorize the taking of photographs or video material in which the applicant may appear. I hereby waive all right of privacy in and to any said pictures or videos.

(Custodial) Parent/Guardian Signature: _____ Date: _____

Activity Consent: I specifically consent to my applicant's participation in activities offered by this camp, including, but not limited to sporting activities, games, spiritual times and chapels. I have marked through any items in the health information form to which I do not give consent for participation. I certify that my applicant has the necessary skills to participate in any of the approved activities.

(Custodial) Parent/Guardian Signature: _____ Date: _____

Transportation Consent: We understand that some activities involved in by this camp (including travel to and from the camp) requires travel. All transportation during this youth camp will be provided by camp staff or people designated by them. All drivers of vehicles will be appropriately licensed and over the age of 18. We understand that when transportation will be done in privately owned vehicles, they are in good condition and considered safe.

(Custodial) Parent/Guardian Signature: _____ Date: _____

Camper Name: _____	Date of birth: _____	Parent phone: _____
_____	_____	_____

MEDICAL INSURANCE INFORMATION

Insurance Company: _____ Phone: _____

Address _____ Policy Number: _____

Church Name: _____ City _____ Country _____

Pastor's Name _____

Approved by Pastor or Leader (signature) _____

CAMPER COVENANT

I, _____, hereby agree:

Camper's Full Name

1. To turn in my completed and signed registration pack
2. To spend the whole week at camp without interruption unless special circumstances arise and are approved by the director and/or my (custodial) parent/guardian
3. To live by the rules, schedules and purposes of the camp program;
4. To live by the health, safety and property care rules of iYouth Camp and Campo Verde Soggiorno
5. To leave all electronics and electronic media at home
6. To not possess or use weapons, fireworks, tobacco products, illegal drugs, or alcohol at camp
7. To be courteous and respectful of the person and property of others
8. To not use foul language or derogatory remarks
9. To dress in an appropriate way that maintains my personal dignity and the dignity of others
10. To be open to the spiritual aspect of our chapels

Signature of camper: _____

Date: _____

I declare that all of the information in this registration pack is correct and complete to allow my child to go to, participate and come back from, iYouth Camp 2015. I also understand that filling out this form does not constitute automatic enrollment in the camp but that I will be contacted with the confirmation of my child's enrollment in iYouth Camp 2015 by the youth pastor / leader they applied with.

SIGNATURE OF (CUSTODIAL) PARENT OR GUARDIAN _____

DATE ____/____/____

(If applicable)

SIGNATURE OF SECOND PARENT OR GUARDIAN _____

DATE ____/____/____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT:

I, the undersigned ((custodial) parent or legal guardian), hereby authorize any necessary medical treatment for the applicant / myself. I understand that I am required to have accidental medical coverage for the camper listed on this application. I understand and agree that if I do not have accidental medical coverage for the child listed on this application, I will be financially responsible for all charges and fees incurred in the rendering of said treatment.

(Custodial) Parent/Guardian Signature: _____

Date: _____

**CONFIDENTIAL
INFORMATION**

Camper Name:	Date of birth:	Parent phone:

HEALTH INFORMATION

General health condition: Excellent Good Fair Poor Date of last tetanus vaccination: ___ / ___ / _____

Is camper currently under a physician's care for any acute or chronic medical condition: Yes No

If yes, please explain: _____

Personal Physician: _____ Phone Number: _____

Does camper require prescription medications? (Include dosage instructions and any other helpful information):

Does camper carry non-prescription medication? (Please list medication(s) and purpose):

Are there any medications that should not be given? (if none, please write "none")

Allergies - environmental, food or medicine (if none, please write "none")

Special Dietary Restrictions (if none, please write "none")

Camp Activity Restrictions: None Strenuous Activities Other (describe):

Does camper have any history of, or is he/she currently being treated for the following:

- Anemia Appendicitis Arthritis Asthma Athlete's Foot Bronchitis Diabetes
- Digestive Disorder Epilepsy/Seizures Fainting Fractures Heart Condition Hepatitis Hernia
- High Blood Pressure HIV Hypoglycemia Kidney trouble Low Blood Pressure Nervous Disorder
- Skin Disease Skin Ulcer Sore throats Tonsillitis Other: _____

If yes to any of the above, please explain:

- Please check any of the following conditions that apply to the camper: Homesickness Headaches Sleepwalking
- Cramps Toothaches Hearing problems Stomachaches Earaches Diarrhea Nosebleeds
 - Vision problems Constipation Frequent colds Fainting
 - Recent emotional upset (death of a loved one, divorce of parents, etc.); please explain:

Please describe any other medical, emotional, psychological, dietary or physical condition that could affect the applicant's experience at camp:

I, the undersigned, confirm that the medical information and insurance information are correct and up-to-date. I understand that this form will be given in a sealed envelope with the camper's name, to be opened by the European Registration office of iYouth Camp and communicated to the medical staff. I understand the terms of medical release to be signed on the general application form and understand that without health insurance coverage, children cannot participate to iYouth Camp.

(Custodial) Parent/Guardian Signature:

Date:
