

M C Y A

Mienh Christian Youth Association
USA

2017 Summer Camp
July 11-15

Registration Form

PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Age: _____

Church: _____

Gender (Check one): -Female _____ -Male _____ **School Level** by Fall: -Jr High _____ -High School _____ -College _____

Registered As (Check on): -Camper _____ -Counselor _____ -Staff _____

***Bunking buddies:** Must **both** submit forms by **2nd deadline**, be 6th graders or 1st time. No guarantees for walk-ins.

Give buddy's **full** name here= _____ (Your buddy has to put your name on their camp form too)

Postmarked by:

	June 15th \$199	June 16th to walk-in \$235
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***NOTE:** If circumstances should prevent attendance at camp, camper may write a letter of explanation to MCYA board. If board determines absence was for a justifiable reason reimbursement can be made after deducting 10% fee.

Health Questionnaire

List of Health Problems (i.e. asthma, seizures, etc...) _____

Medications currently taking: _____

Drug Allergies: _____ Date of Last Tetanus Shot: _____

Health Insurance Carrier: _____ Policy No.: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Release of Liability Statement

I, the camper, have read and agree to abide by the rules set by Mt. Hope Bible Conference Center and MCYA. I will accept appropriate disciplinary actions by the camp committee should I violate any camp rules. I agree to release Mt. Hope Bible Conference Center, MCYA and Camp Staff of any liabilities in the event of an accident during camp.

Camper signature

Date

Parent Permission: (Required for all campers under 18 years of age)

I, the parent/legal guardian, permit my child to participate in MCYA's Summer Camp and release Mt. Hope Bible Conference Center, MCYA and Camp Staff of any liabilities in the event of an accident during camp.

Parent/Legal Guardian Signature

Date

Please send completed form and check made payable to "MCYA" to this address (**DO NOT SEND CASH**):

MCYA

973 McClatchy Way - Apt B
Sacramento CA 95818
registrar.mcy@gmail.com

FOR OFFICE USE ONLY

Cabin: _____

Team: _____