

M C Y A

Mienh Christian Youth Association
USA

2018 Summer Camp *July 10-14*

Registration Form

PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

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

Phone: (____) _____ Age: _____ T-shirt size: _____ (i.e. S,M,L,XL,XXL)

Church: _____

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

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

May 10th \$224

June 1st \$234

June 1st to walk-in \$250

***NOTE:** If circumstances should prevent attendance at camp, camper may write a letter of explanation to MCYA Camp Director. If Director determines absence was for a justifiable reason, 50% of your fee may be refundable.

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

7079 Wilshire Cir.
Sacramento, CA 95822

contact@mcya.org

FOR OFFICE USE ONLY

Cabin: _____

Team: _____