

M C Y A

Mienh Christian Youth Association
USA

2019 Summer Camp

July 9th-13th

Registration Form

PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Age: _____ Email: _____
Church: _____

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

Registered As (Check one): Camper _____ Captain/Coach _____ Staff _____

*Bunking buddies: Must **both** submit forms by **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 10th \$250	June 11th to walk-in \$280
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*NOTE: If circumstances should prevent attendance at camp, camper may write a letter of explanation to MCYA Camp Director. If board determines absence was for a justifiable reason reimbursement can be made after deducting 50% 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
7079 Wilshire Cir.
Sacramento, CA 95822
registrar.mcy@gmail.com

FOR OFFICE USE ONLY	
Cabin:	_____
Team:	_____