

Camp Fees: (includes one camp shirt) \$85 – Weeks of camp \$30 – First Timers* \$20 – Day Camp	*A background check is required for parents who spend the night with their children at First Timers. For more information, please contact CCYC.	CCYC Registration Form PO BOX 522 Vansant, VA 24656 276.498.4356 www.ccyconline.com
	Week: _____ Deans: _____	

GENERAL.

Camper's Name: _____ **Grade:** _____ **Age:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **Emergency Contact:** _____
Mobile: _____ **Phone:** _____
Email: _____ **Alt. Phone:** _____
Church: _____

Camper's T-shirt Size: (Circle One)		
Youth Sizes		
Small	Medium	Large
Adult Sizes		
Small	Medium	Large
XL	XXL	XXXL

Baptized: YES NO
 List anyone who has permission to sign your child out of camp:

HEALTH/INSURANCE.

CCYC's Insurance is of a secondary nature. Please list your primary carrier and policy number. This information will be kept secure and will be used if your child has an emergency.

Insurance Carrier: _____ **Policy No.** _____

Permission to Give Tylenol? YES NO

Health Comments: Please list all important information (including all medications) that CCYC may need to know about the camper. (All medications must be turned into the Camp Nurse and must be in original/prescription packaging.

Food Allergies: _____

PHYSICAL ACTIVITY.

I give this camper permission to participate in supervised swimming activities. YES NO
 I give this camper permission to participate in CCYC's Adventure Course. YES NO

I/we, parents/legal guardians of the above named camper, here acknowledge and request that I (or my child) participate in the above described sponsored activity by CCYC Inc., at 6312 Dry Fork Road in Vansant, VA, or other such accepted sites of CCYC Inc. It is understood that the above-described activity will be physical in nature and as with all physical activities; there exists certain risks and possibility of injury. I (we) hereby grant the authority for the staff of CCYC Inc. to render medical care (within their standards of care) in necessary, to transport and secure medical care for myself (or my child) in the event that medical attention is needed.

Furthermore, I (we) do hereby agree to hold harmless from any and all liabilities, losses, expenses, or damages incurred: (1) CCYC Inc., and any staff members, employees, or their damages, which we have or which may hereafter accrue to us arising out of these incidents. I (we), the undersigned, have read, understood, and agree to the above.

Parent/Guardian Signature: _____ **Date:** _____