

Camper's Name _____ Age _____ DOB _____ M _____ F _____

Parent(s) Name _____

Share Room with (state 1 person): _____

Parent(s) Phone _____ Email _____

Emergency Contact Name _____ Phone _____

Church Name _____ Phone _____

Youth Pastor's Name _____

T-Shirt Size (Adult Sizes): **S M L XL XXL** (Circle one)

REGISTRATION... Camp fee is £220 if paid in full by Monday 22nd June or £250 after that date (includes accommodation, adventure activity, and meals beginning with Monday evening meal to Friday Lunch). . A Minimum Deposit of £50.00 must be submitted with both forms: Registration, and Health & Activity Consent Forms for reservation to be accepted. **Balance of payment is due by Monday 22nd June 2008.** No cancellations after deposit is received but substitutions are allowed. **Make cheques payable to: FMIN.** Camp begins August 3rd at 3 P.M. with registration and ends after lunch at 2.00pm on August 7th.

RESERVATIONS... Reservations will be on a first come first serve basis. In order for an attendee to reserve a place the following must be completed in full and received by Camp secretary: Registration Form, Health & Activity Consent Form and Registration Fee. Please mail to: FMIN Youth Camp Registration, 234, Henley Road, Henley Green, Coventry CV2 1AX. **SORRY, NO REGISTRATION BY PHONE.**

STANDARDS... FMIN strives for the highest physical, mental, and spiritual standards possible. No smoking or matches, lighters, fireworks, use of tobacco, alcohol, abusive language, drugs (except prescribed medicine which is to be supervised by your child(s) youth leader), or any other such items or behavior of questionable nature are allowed. We want young people to hear from God during camp, therefore we request: **WHILE AT CAMP, ATTENDEES CANNOT OPERATE RADIOS, CD/MP3 PLAYERS, MOBILE PHONES OR PAGERS...** We are happy to help parents with children who have difficulties in specific areas of their life and we appreciate parents' communication with us concerning these needs. However, we protect our attendees from influences that we feel to be detrimental, degrading, destructive or not in keeping with Christian standards. We reserve the right to send home, at campers expense, any attendee who violates these standards.

CANCELLATION POLICY...Deposits are non-refundable. The full fee is payable by Monday June 22nd even in the event of cancellation.

ADVENTURE ACTIVITY...What to Bring? Wear sports-type clothing with several layers to cover different outdoor weather conditions: track suit, T-shirts, trainers or tennis shoes, (no slip on shoes!), sunglasses with strap, **sun-tan lotion**, hat, sweater and water-proof jacket.

ACTIVITIES...During camp registration (August 3rd), attendees will sign up for Tuesday & Thursday workshops and an Adventure activity. On Wednesday everyone will take part in a half-day adventure activity.

ACCOMMODATIONS...Rooms are equipped with 3 bunk beds and en-suite bathroom. There will be up to 6 people in a room. Please make your young person aware of this situation. Campers are grouped in pairs and then assigned to rooms. If your child desires to room with another specific person (cannot be a group) please advise your youth leader who should then advise us.

WHAT TO BRING...Bible, pen, notepad and open heart. Toiletry items - soap, shampoo, **towels**, washcloth, toothpaste, toothbrush and other hygiene gear. (Bedding is provided at the Oakwood Centre). Clothes - Shorts are fine during the day, raincoat, warm clothes could be needed at night and sometimes during the day (warm jacket would be wise). **Dress code - Modesty is the guide.**

RELEASE/WAIVER...I _____, (parent or guardian) on behalf of my minor child(s) _____, [Name of minor(s)], hereby release Faith Ministries International Network, staff, adult supervisory sponsors, volunteers, and helpers from all damages, injuries, claims, demands or causes of action I or any family member, my heirs, executors, administrators or assigns may have arising out of this youth camp. Additionally, I authorize the adult supervisory sponsors to consent to any emergency medical treatment to be rendered to the minor named above, should that be deemed necessary.

I HAVE READ THIS MATERIAL CAREFULLY AND I AGREE TO ALL POLICIES WRITTEN HEREIN.

Parent (or Guardian's) Signature _____

Campers Signature _____

Date _____