

TEEN EXTREME Youth Camp

Registration 2021

Agnes 12-18; Grades 7-12
(including 2021 grads)

TeenExtremeCamp.com
850.969.1555
850.479.6576

Make checks payable to Youth Outreach Ministry (or Y.O.M.)
Teen Extreme Youth Camp (Y.O.M.)
P.O. Box 18500 • Pensacola, FL 32523-8500
Reservations@TeenExtremeCamp.com

Save \$15 off your registration fee by registering online by 2/1!
*There will be a \$5 processing fee for all paper registrations.

Group Rate: \$60 Registration Fee (must accompany registration) + \$150
Individual Rate: \$60 Registration Fee (must accompany registration) + \$195

Participant Information

Check appropriate boxes: Male Female
 Camper Sponsor/Other Youth Director PCC Graduate
 Dr. Pastor Mr. Mrs. Miss
 Attending with a group Yes No
 Church/Group Name _____
 City/State _____

Name _____ (First) _____ (Last) _____ (Prefer to be called)
 Mailing Address _____
 City _____ State/Country _____ ZIP _____
 Phone: Home (____) _____ Cell (____) _____
 Parent/Legal Guardian E-mail _____
 Have you attended Teen Extreme before? Yes No
 Roommate Request _____
Participants are placed in rooms according to their birth gender.

Week Attending

June 14-18 June 21-25 June 28-July 2 July 12-16 July 19-23

Anticipated Transportation

Private vehicle Plane* Commercial bus*

*Please notify the Reservation Office of your shuttle transportation needs by calling (850) 969-1555 no later than the Tuesday before camp begins.

Camper Information

Grade Next Sept. _____ Date of Birth _____ Age _____ (during camp)
 School _____

Medical Insurance This information prevents delay of treatment in case of emergency.

Insurance Company _____
 Insured's Name _____
 Group ID _____ Member ID _____

Youth Director Use Only

Contact Name _____ Phone (____) _____
 E-mail _____
 Has your church/group attended Teen Extreme before? Yes No
 Last year attended? _____

Emergency Information (for campers only)

Father Legal Guardian _____
 Phone: Cell (____) _____ Work (____) _____
 Mother Legal Guardian _____
 Phone: Cell (____) _____ Work (____) _____
 When parents unavailable, contact the following:
 Name _____ Relationship _____
 Phone: Cell (____) _____ Work (____) _____

Medical Information (for campers only)

The following medical questions and waiver **must be filled out by camper's parent/legal guardian** (if camper is under 18 years).

1. Does the camper have any current medical/emotional/behavioral/physical conditions (e.g., ADHD, ODD, ADD, anxiety, seizures, diabetes, etc.) and/or any **severe** food/environmental allergies that may require the use of an EpiPen (e.g., peanut allergy, pollen allergy, etc.)?
 Yes* No If "yes," please explain _____

2. Do you want the camp nurse to **keep and administer** any routine or as-needed prescription or over-the-counter medications, vitamins/supplements, or essential oils brought by the camper?
 Yes* No If "yes," please list only the medications the nurse will administer: _____

***If "yes" to either of the above questions (1-2), for the safety of your camper, a Medical Release form must be received in office prior to attending camp. The Medical Release form must be completed by both the parent/legal guardian and a licensed healthcare professional. Registrations will be finalized and payment(s) processed after the Medical Release has been received and reviewed to determine if reasonable accommodation can be made for the camper to attend camp.**

3. If permission from a parent/legal guardian has been given, the camp nurse has been authorized by a staff healthcare professional to administer the following camp-provided OTC medications on an as-needed basis. Check "yes" for any medications you give permission for the nurse to administer.

If left unchecked, option will be considered "no."

Yes No Acetaminophen (Tylenol)
 Yes No Calcium Carbonate (Tums)
 Yes No Diphenhydramine (Benadryl)
 Yes No Ibuprofen (Advil/Motrin)
 Yes No Auro-Dri (Swimmer's Ear)

Please provide additional information regarding your camper's condition and/or social interactions to help the camp staff ensure a successful camp experience for your camper _____

Participant Waiver and Release

(Must be completed for each participant, including sponsors, and sent with registration)

I understand and agree that I am assuming for myself and the Participant named below all risk of injury from participating in rock climbing activities, surfing on the FlowRider, or paintball games. I understand that (1) injuries while rock climbing may occur from rope entanglements, objects falling from or being dropped by other climbers, or from contact with anchor points, bolts, or equipment used in climbing; (2) injuries while using the FlowRider may occur by falling or being thrown by the water pressure onto a fixed surface or padded retaining wall, or by contact with the body board; (3) the activities of paintball are physically and mentally intense, injuries while participating in paintball games may occur due to the activity and weaponry involved, and while particular protective equipment and personal discipline will minimize the risk, the risk of injury does exist; and (4) other unforeseeable injuries may occur from these activities. I hereby waive, release, and agree not to sue Youth Outreach Ministry, Inc., Pensacola Christian College, Inc., its affiliates or subsidiaries, and any of their officers, directors, employees, agents, students, successors, or assigns for any damage, injury, cost, or cause of action arising from any participation in these activities.

I voluntarily sign this waiver and release form and agree not to sue with full knowledge of the nature and extent of the risks inherent in the use of the rock climbing wall, FlowRider, and paintball. I further indemnify and save Youth Outreach Ministry, Inc., Pensacola Christian College, Inc., and its affiliates, employees, and agents harmless from any liability or medical payments resulting from the participant's participation in this camp or other activities during his or her stay at summer camp. I further understand that Youth Outreach Ministry, Inc. does not provide medical insurance coverage for the participant, and any medical expense incurred will be paid by me or my insurance. I hereby grant permission for the participant to attend the camp, participate in all the camp activities, and to be treated by a licensed healthcare professional in the event of any injury, accident or illness, or other situation that may require medical attention. I give permission for the participant's picture to be used in future publications including publications from PCC and its affiliate web pages. Participants are placed in rooms according to their birth gender. Registration fee is nonrefundable and nontransferable. No refunds are available if a participant attends any part of a week. Campers that use tobacco, alcohol, or any form of illegal drugs will be dismissed. Any noncooperative or noncompliant campers will be subject to dismissal. I understand that Youth Outreach Ministry, Inc. reserves the right in its sole discretion to accept or deny admission and/or participation. If admission is denied, all deposits and monies paid will be refunded.

I acknowledge and certify that I am legally authorized to sign this consent form on behalf of the minor participant.

Parent/Legal Guardian's signature (if camper is under 18 years) _____ Relationship to participant _____ Date _____
 Participant's signature _____ Date _____