

**NEW COVENANT UNITED HOLY CHURCH**  
2811 Dearborn Drive, Durham NC 27704  
Phone: (919) 220-0140 – Fax: (919) 220-1948 – Email:ncuhc@yahoo.com  
Website: [www.newcovenantdurham.org](http://www.newcovenantdurham.org) **Pastor:**  
**Elder Phyllis A. Walker**

**TEENS TAKING THE NATION FOR JESUS CHRIST**

**SUMMER CAMP #12**



March 2019

Dear Parents/Guardians:

**IT'S TIME TO REGISTER FOR SUMMER CAMP!** This is the 12<sup>th</sup> year of our teen camp for ages 13 to 19 and like every year, we are excited!

Our 2019 theme is **“RAISING EXPECTATIONS!”** We believe that if teenagers expect the best, then they will do what is necessary to make it a reality. It is believed that “that which is expected is what actually happens” or as our t-shirts may say this year, “you get what you expect.” Therefore, we plan to raise expectations and challenge students to reach higher. We will focus on mindsets, as mindsets are the keys to the lives we live and the lenses through which we see the world.

This year we are changing up the way we have done some things in the past. We expect returning campers to feel as if they are attending for the first time. We are planning new individual and team challenges. We plan to visit some of our speakers at their locations, instead of having them all come to us. We still plan to have several workshops with guest speakers, engaging Bible studies that will focus on our theme, and our teen forum discussing current events from a biblical perspective.

The cost of camp is \$100.00 which includes breakfast and lunch each day plus the camp trip. Financial aid **may** be available to assist with some of the cost. You can make payments early. Just contact me if you would like to start a payment plan.

We hope you will send your teen to **Teens Taking the Nation Summer Camp** where fun and the Word of God come together in one place. Transportation to camp is provided **if needed**. If you would like additional information, you can contact me at (919) 638-0915 or email me at [trmclammy47@gmail.com](mailto:trmclammy47@gmail.com).

In Christ,

*Trilby R. McClammy*

Minister Trilby McClammy  
Teen Camp Director

**New Covenant United Holy Church, 2811 Dearborn Drive, Durham, NC 27704  
July 1-12, 2019 • Monday-Friday 8:00am-3:00pm**

**2019 CAMP APPLICATION FORM:**

**To be completed by Parent or Guardian.**

- 1. All required information must be complete and signed before your registration is accepted.**
- 2. Make a copy for your records.**
- 3. Return the completed form along with your camp payment of \$100 to New Covenant no later than June 21, 2019. (\*See late/cancellation policy)**
- 4. Make checks payable to New Covenant United Holy Church or NCUHC.**
- 5. Submit one form per child.**
- 6. Registration is complete upon receipt of completed forms and full camp payment.**

**STUDENT INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_

Gender: \_\_\_F\_\_\_ \_\_\_M\_\_\_ Grade: \_\_\_\_\_

**T-Shirt Size:** Child size: S M L Adult size: S M L XL XXL

**PARENT'S INFORMATION:**

Mother or Guardian: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_

Father or Guardian: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**CHURCH AFFILIATION:**

Church Name \_\_\_\_\_

City \_\_\_\_\_ Pastor: \_\_\_\_\_

**RELEASE OF CHILD:**

My child will be picked up by me or one of the following individuals:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_ Alternate Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_ Alternate Number \_\_\_\_\_

(Those picking up the child will be required to come into the church, with a valid I.D., to sign out the child.)

**LATE REGISTRATION/CANCELLATION POLICY:**

**Late Registration:** Late Registration fee - \$125 – beginning June 22, 2019.

**Registration & Cancellation Policy:** A fee of \$25 is charged for cancellation of registration. A fee of \$50 is charged for cancellation after June 22, 2019.

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*Office Use Only:*

**Application Received:** \_\_\_\_\_ **Medical & Permission Forms Received:** \_\_\_\_\_

**Registration Paid:** \_\_\_\_\_ **Parental Release & Permission signed:** \_\_\_\_\_

**Transportation:** \_\_\_\_\_

# PARENTAL RELEASE & PERMISSION

- A. The purpose of the Teens Taking The Nation Summer Camp is to provide an opportunity for teenagers to deepen their relationship with God through Bible study, engaging Bible discussions, and interactive workshops.
- B. Any participant that engages in illegal activities, endangers others, or refuses to conform to the rules is subject to being sent home immediately. The parents or guardians will be responsible for transportation and to forfeit camp fees.
- C. **It is expected that campers will behave with language, clothing and conduct that reflects a Bible camp atmosphere. No profanity, vulgar language or inappropriate comments will be tolerated. There will be no smoking, alcohol, or drugs with the exception being prescribed medications. There will be no cell phones, game devices, I-pods or any electronic device use during camp hours.**
- D. It is expected that campers will attend camp everyday. We strongly discourage campers arriving late and leaving early. Any exceptions must have written approval from parents prior to first day of camp, except in emergency situations.
- E. My child has the permission to participate in all activities. I recognize that New Covenant United Holy Church of Durham, North Carolina, Inc.(NCUHC) has taken extensive safety measures; however, I also recognize that NCUHC cannot insure or guarantee that the participants, grounds, and/or activities will be free of accidents or injuries. I will defend NCUHC, its staff, employees, volunteers, and its' Board of Directors from any claims of liability arising from my/my child's participation in the NCUHC "Teens Taking The Nation Summer Camp" activities.
- F. I give permission for NCUHC to use any photo or video of my child for NCUHC publications or promotion/advertising. I release my right to any kind of remuneration for said photos or videos.
- G. **I give consent for my child to leave camp to participate in authorized camp trips and be transported by NCUHC vehicles or authorized transportation.**
- H. I hereby authorize the directors and staff at NCUHC to act for me in their best judgment in any emergency requiring medical attention. I have made note of any medical or physical problems which might affect my child's ability to safely participate in the camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(By signing, I agree to respectfully comply with all camp rules and to accept camp leadership authority.)

# MEDICAL HISTORY FORM

(Please Print)

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

## **INSURANCE INFORMATION:**

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child participates in camp-related activities.

Do you have health insurance?      Yes \_\_\_\_\_      No \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

In whose name is the insurance policy? \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

City/State \_\_\_\_\_ Hospital Preference \_\_\_\_\_

## **HEALTH HISTORY:**

If your child should require medical attention for injuries received or illnesses contracted prior to any activity, please send us the necessary information to give him/her proper medical care and attention during his/her time with the camp activities.

Pre-existing or present medical conditions:

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Name and dosage of any medications currently taken:

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Permission Granted to issue medication if necessary: Yes \_\_\_\_\_ No \_\_\_\_\_

Any Allergies? \_\_\_\_\_

Medication Allergies? \_\_\_\_\_

Any major illnesses during the past year?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, explain condition/treatment \_\_\_\_\_

**MEDICAL AND LIABILITY RELEASE STATEMENT**

**Organization:** New Covenant United Holy Church of Durham, North Carolina, Inc. (NCUHC)

**Activity:** Teens Taking the Nation Summer Camp

**Activity Dates:** July 1-12, 2019 (Monday-Friday) - **NO CAMP ON JULY 4**

**Student Name:** \_\_\_\_\_

I understand that in the event of the necessity of medical intervention for the student listed above, every attempt will be made to contact the persons listed on this form. In the event that I cannot be reached in an emergency during the activity dates shown on this form, I hereby give permission to the physician or dentist selected by the Camp directors to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage should medical coverage be needed.

I understand that all reasonable safety precautions will be taken at all times by New Covenant United Holy Church of Durham, North Carolina, Inc. (NCUHC) officers and leaders during the activity mentioned above. I agree not to hold New Covenant United Holy Church of Durham, North Carolina, Inc., its officers, and leaders liable for any damages, losses, diseases, or injuries incurred by the subject of this form.

**Parent/Guardian Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Child** (if over 18 years of age) \_\_\_\_\_