



Office Use Only: Amount Received \_\_\_\_\_

Postmarked Date: \_\_\_\_\_

Amount Due at Arrival: \_\_\_\_\_

## NOCYC 2025 CAMPER REGISTRATION FORM

Please print clearly. Use a separate form for each camper. A \$25.00 deposit must accompany this form. **This portion of the total fee is nonrefundable. FEE \$135.00 Registration MUST be received in 2 weeks before your camp session!**

### Please Check Session Date

\_\_\_\_\_ Senior Week - June 29 - July 5

\_\_\_\_\_ Junior High Week - July 6 - 12

\_\_\_\_\_ Beginners Week - July 13 - 19

### Grade Complete

9,10,11 or 12

6,7,& 8

3.4 & 5

\*\*\*I hereby grant Northeastern Ohio Christian Youth Camp (NOCYC) the right to take, edit, copy, publish, distribute and use any and all pictures or videos taken on their campus or given to them, to be used for legally promotional material including but not limited to, newsletters, brochures, flyers, fundraising letters, annual reports, websites, social media and other print and digital communications without payment or other consideration. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

**I have read the disclosure and give permission for photos of my child to be used (Circle one) YES / NO**

Name: \_\_\_\_\_ \* Gender: Boy \_\_\_\_\_ Girl \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Grade Completed in July: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Home Congregation: \_\_\_\_\_

**Parent/Guardian Agreement:** This application has my/our approval. We understand that the camp(NOCYC) is CHRISTIAN in nature and uses the Bible as its authority for teaching material. It is also agreed that personal property is the responsibility of the camper. While the camp will take reasonable precaution, it assumes no responsibility for loss or damage to such personal property. It is further agreed that all medical expenses will be covered by us, the parent/guardian or by our own family medical insurance. We fully understand that NOCYC does NOT provide medical coverage and will only be responsible for first aid treatment delivered by our staff. Liability Agreement: We the undersigned parent(s)/guardian(s) covenant and agree with NOCYC that we will at all times hereafter indemnify, keep indemnified, and save harmless the said Northeastern Ohio Christian Youth Camp, INC from all damages and actions, claims, demands, proceedings, costs, damages, and expenses which may be brought against or claimed from Northeastern Ohio Christian Youth Camp which it or I(we) may sustain or incur as a result of illness, accident or misadventure to the applicant during the period the said applicant is at NOCYC. We request that NOCYC assist the applicant in participating in all camp activities, with the following exceptions or restrictions \_\_\_\_\_

Camper and Parent Agreement: I have read and agree to abide by the attached rules of Northeastern Ohio Christian Youth Camp and to work for Christian living in the camp program. Signature of

Camper: \_\_\_\_\_ Date \_\_\_\_\_

Signature of

Parent: \_\_\_\_\_ Date \_\_\_\_\_

**READ CAREFULLY** and complete both sides of the registration form. If this form is incomplete or the conditions above are not agreed to by the camper(applicant) and parent, the camper will not be admitted to NOCYC. Mail this form to: NOCYC, 8122 St Jacobs Logtown Rd, Lisbon, Ohio 44432. You may make checks payable to Northeastern Ohio Christian Youth Camp. \*Biological

No one shall be denied admission to NOCYC or to the benefits of US Department of Agriculture Child Nutrition Program because of race, color, national origin, sex, handicap, or age.

**NOCYC**

LISBON, OH • EST. 1957

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## NORTHEASTERN OHIO CHRISTIAN YOUTH CAMP

### MEDICAL CONSENT FORM

**Health, Medical, and Insurance Information: (Camper cannot be accepted if this is not completed.)**  
**NOCYC DOES NOT PROVIDE MEDICAL INSURANCE.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Medical History: \_\_\_\_\_

FOOD ALLERGIES: \_\_\_\_\_

All Other Allergies: \_\_\_\_\_

Do you use an EPI Pen? \_\_\_\_\_ If yes, do you have it with you? \_\_\_\_\_

Do you use an inhaler? \_\_\_\_\_ If yes, do you have it with you? \_\_\_\_\_

May we give your child Tylenol if it is needed? \_\_\_\_\_ Advil? \_\_\_\_\_

Medications (Current Dosage and Times) All Medications must be turned into the staff nurse or director upon arrival at camp. No Medications are permitted in the cabins.

Date of last Tetanus Shot \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Additional Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Guarantor or Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy # \_\_\_\_\_ Plan ID# \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Other Physician: \_\_\_\_\_

**In the event of an emergency, I authorize the camp director or his designee to secure medical or surgical treatment as recommended by a physician for the applicant's well being. The camp health director or nurse may administer prescribed medications and treat any emergency that may arise while the applicant is at NOCYC.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_