

# Jr. Crusader's Camp 2009!

## **Camp Information:**

July 14-18

Robert's Wesleyan College

2301 Westside Dr. Rochester, NY 14624

**Ages:** 9-12 (9th birthday on or before Dec. 31, 2009)

**Cost:** \$135.00

- Checks or money orders to NY District UPC
- Returned check fee: \$20.00

**Due Date:** Monday June 22

- **Late fee:** \$25.00 per registrant (must be included if application received after due date)
- Please be considerate and return your applications on time so we can plan sleeping arrangements and adequate supervision for your child.
- Applications must be completed in full including medical information & pastor's signature
- NO APPLICATIONS ACCEPTED AT THE DOOR
- No refunds issued after June 22

**Check-in:** Cultural Life Center 1:00-5:00 PM, July 14th

**Check-out:** Dorm area, 9-10:00am, July 18th

**Mailing Info:** Camp 2009 c/o New Life Center,  
80 Luksin Dr, Tonawanda, NY 14150

**Schedule:** Junior Campers attend breakfast, junior camp service, lunch, free time/swimming/activities, dinner, evening combined service, jr. canteen. Campers are supervised at all times.

**Service Only (children staying with their parents):**

- Send in day camper form instead (fee 10.00 per day)
- Must be between 9-12 years old
- Must be picked up by a parent immediately after service

**Room Assignments:** Rooms will be assigned at check-in, first come, first serve. There are two beds per room.

**Assistance:** nydcamp@yahoo.com, nyupci.org,  
716-694-0071



We are happy to announce that Sister Cancilla & her friends will be back for the fourth year! Sis. Cancilla is a teacher and also leads "Ablaze with Praise" puppet ministry. She has a unique talent to create and teach moving & funny messages geared toward children in a entertaining and interactive way.

## **Things to Bring to Camp:**

**Your own bedding, pillow,  
towels & toiletries**

### **Bible**

write your name & address in your Bible

### **Recreational stuff**

Sneakers, games, sports equipment

### **Money**

for offerings & snacks

### **Swimsuit**

girls: one-piece, boys: no cut offs

### **Dress code:**

**Girls:** Dresses or skirts, no pants/shorts

**Boys:** Long pants/jeans, no shorts

**NO radios/cd/mp3  
players allowed!**

# Junior Crusader's Camp 2009 Application

Include payment of \$135.00 with this application by June 22nd

## **General Information: (please print CLEARLY)**

FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_

PHONE: (        ) \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  Male  Female

CHURCH CITY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

I would like to share a room with \_\_\_\_\_ (rooms assigned at check in)

## **Emergency and Medical Information:**

### **PARENTAL/GUARDIAN AUTHORIZATION:**

I hereby make application for my child to attend Junior Crusaders Camp. They will conduct themselves in accordance with the camp regulations and submit to camp authorities. I also accept responsibility of payment for any negligent damage incurred by the above named camper.

The above named camper has my permission to attend the UPC camp for the period indicated. In case of emergency, I authorize the camp management to give routine medical care, call a physician, to hospitalize and perform surgery, if necessary. Medical treatment resulting from pre-existing conditions will not be the responsibility of the camp authorities. Any injury must be reported before leaving camp, with pertinent information submitted to camp authorities within 30 days.

Name: \_\_\_\_\_ Relation \_\_\_\_\_

### **EMERGENCY INFORMATION:**

Emergency #1 Phone (\_\_\_\_) \_\_\_\_\_ Name \_\_\_\_\_ Relation \_\_\_\_\_

Emergency #2 Phone (\_\_\_\_) \_\_\_\_\_ Name \_\_\_\_\_ Relation \_\_\_\_\_

### **MEDICAL INFORMATION:**

Health Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications/Dose: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone (        ) \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

WE MUST HAVE THE MOST RECENT DATE OF IMMUNIZATIONS ON FILE. THIS IS REQUIRED BY THE NY STATE HEALTH DEPT. FAILURE TO HAVE A DATE FOR EACH OF THE SPACES WILL RESULT IN YOUR CHILD NOT BEING ALLOWED TO ATTEND CAMP.

DIPHTHERIA \_\_\_\_\_ POLIO \_\_\_\_\_ TETANUS \_\_\_\_\_ RUBELLA (GERMAN) \_\_\_\_\_

DIPHTHERIA \_\_\_\_\_ MUMPS \_\_\_\_\_ MEASLES \_\_\_\_\_

## **Pastor's Recommendation:**

You must attend a church pastored by a UPC minister (or get approval from the District Superintendent)

The above applicant attends my church and has my permission to attend Jr. Crusader's Camp. This form was fully completed before I signed it.

Pastor's name: (Please Print) \_\_\_\_\_ Pastor's Signature: \_\_\_\_\_