HEB Camp

Senior High Camp

July 20-23, 2017 \$65



PARTICIPANT INFORMATION				
NAME	PREFERED NAME		E-MAIL ADDRESS	
HOME PHONE	CELL#		GENDER: M F	
ADDRESS (INCLUDE CITY, STATE, ZIP)				
SCHOOL		GRADE 8 9	10 11 12 ADULT	
ARE YOU A MEMBER OF NHUMC? YES NO		IF NO, WHERE DO YOU ATTEND?		
IF A GUEST, WHO ARE YOU A GUEST OF?		ADULT T-SHIRT SI	ZE S M L XL XXL	

PARENT/GUARDIAN INFORMATION			
PARENT/GUARDIAN NAME	CELL#		
E-MAIL ADDRESS	WORK#		
EMERGENCY CONTACT	EMERGENCY PHONE		

Health and Medication					
FOOD ALLEGRIES	DRUG ALLERGIES	OTHER ALLERGIES			
CURRENT HEALTH CONCERNS					
Bring enough medication to last the entire duration of the event. Over the counter and prescription medicine (including inhalers) <u>must</u> be in their original packaging/bottle. All medication should be placed in a clear Ziploc bag clearly marked with the child's name.					
MED NAME DOSA	GE TIME TAKEN	REASON FOR TAKING			
1					
2					
3					
4					
	Covenant of Condu	ct			
This covenant is an agreement that is "binding" and is based on a partnership of love. We will do our best to live after the example of Christ as we uphold our partnership in intimate love. Ultimately, our goal is to glorify God and make disciples!					
I understand the need for me to be responsible and follow these specific guidelines. I realize my actions may affect the safety and the community of this event.					
1) I understand I must respect othe	1) I understand I must respect others, property and myself through my words and actions.				
2) I understand that I must limit my	\prime public display of affection (PDA) if I'm not n	narried.			
I understand that I need to leave though I might die without them		ystems at home or packed safely away (even			
 I understand that I need to stay with my group even though there will be other people to hang with and other places I want to hang out. I understand this includes staying out of opposite sex sleeping areas. 					
5) I understand that I'm not allowed to possess or use tobacco, alcohol, or any type of drugs.					
Consequences: Guidelines 1-4 These actions will be confronted at once and if repeated, will result in being sent home at your family's expense.					
Guideline 5 These actions will result in being sent home at your family's expense.					
I will follow the above guidelines and adult leadership. I understand the consequences if I choose not to follow them.					
	Student's signature				
I/We understand all of the guidelines and safety procedures and the potential consequences.					
-, no anaciona an or ano ganacimos ana cares, procesa ao ana ano posenaar concequences.					
Parent's signature					