### **SOUTH TEXAS NYI CAMP 2022**

#### **CAMP RULES & PROCEDURES**

No use or possession of any of the following:

Drugs, alcohol, tobacco products, vapes, dab pens, fireworks, firearms, knives, spray paint, or apparel with obscene or offensive language/images.

No males in female cabins/rooms or restrooms and, No females in male cabins/rooms or restrooms.

No sleeping in same bed as another camper and no showering together.

No fighting, pranking, or destruction of property.

Female bathing suits must be a one piece, a tankini, or covered by a colored t-shirt.

Guys must wear shirts except during swim time and other water related activities - No Speedos.

Students and Leaders must adhere to any Covid guidelines set in place by the camp and our district leadership. As of right now, we are recommending negative Covid test within 24-72 hours of attending camp. Beyond this, but not required at this point, guidelines could include wearing masks through the food line and in the big building, temperature checks, and sanitizing hands at sanitizing stations. Some world areas are experiencing another wave of Covid, so we want to be diligent and let you know ahead of time that some guidelines listed above may be required. We will inform leaders if any guidelines change before camp occurs.

\*\*\*Violations of these may result in being sent home at parent's expense and time.

Student/Participant Signature	Date
Parent/Guardian's Signature	Date

## SOUTH TEXAS NYI MEDICAL INFORMATION AND RELEASE FORM

Student's Name	
Age: Phone:	
Address:	
AUTHORIZATION TO TREAT A MINOR	
(We) the undersigned, Legal Guardian(s) of: minor, do hereby authorize South Texas NYI leatreatment, and hospital care which is deemed adhis/her best judgment.	dership to consent to any examination,
This authorization is given to remain effective Justoner revoked in writing. If ANY medical chan form must be updated, or it is no longer valid.	
Parent/Guardian's Signature	Date

## **Permission Slip**

### South Texas NYI

What: South Texas NYI Youth Camp

When: Monday through Friday, July 4-8, 2022

Where: Trinity Pines Camp, Trinity, TX

Who: Students who have completed grades 6<sup>th</sup> - 12<sup>th</sup>

APPROVAL OF PARENTS AND GUARDIANS AND I hereby understand that the events may include potent traveling in church vehicles, riding roller coasters, sleet & air, running, working outdoors, encountering insects trampolines, riding zip lines, boating, canoeing, climbit team sports or individual competitions, eating interestic outdoor games that require mildly good health, and any injury. And I give my permission for	rially dangerous activities such as sping in cabins with or without heat sor rodents, jumping on any rock walls, laser tag, paintball, any things, swimming, indoor & y of these could cause mild to fatal (a minor) to participate an of, District Church of the Nazarene, of its District Boards, or its aims resulting from any sickness, while participating in the activities e the above mentioned affiliates for
Parent/Guardian's Signature	Date
Address	
Parent/Guardian Phone #1	
Parent/Guardian Phone #2	
Alternative Guardian	
Alternative Phone Number	

# South Texas NYI Camp 2022 Consent to Participate, Medical Release, & Waiver of Liability Form

Name:		
Date of Birth:	Emergency Phone number:	
Names of Parents or G	uardians:	
Allergies/Special Instru	uctions:	
To Whom It May Conc	ern:	
do hereby give permiss the activities that are a We do hereby release a connected affiliate, har sickness, injury, loss, or activities affiliated with	rdian ofsion for my (our) child named above to associated with the South Texas District and will hold the South Texas District, rmless of any and all liability and claim r accident that might occur to said min the Camp during the designated year	attend and participate in t Teen Camp during 2022. Trinity Pines Camp, and any s resulting from any for while participating in the
for any doctor, nurse a minor if an accident is s	constitute authority to the camp direct nd/or hospital to administer medical a sustained or emergency exists. This ind ic, surgical or dental diagnosis or treati	id and treatment for the cludes any X-ray
	Signature of Par	ent/Guardian