

# SOUTH TEXAS YOUTH CAMP 2024

## CAMP RULES & PROCEDURES

**NO use or possession of any of the following:**

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

NO males in female cabins/rooms or restrooms.

NO females in male cabins/rooms or restrooms.

NO sleeping in the same bed as another camper/sponsor, and  
No showering together.

NO fighting, pranking, hazing, or destruction of property.  
Bullying or terrorization will NOT be tolerated.

DO NOT touch or mess with anyone else's belongings without permission.  
NO stealing or theft of any kind.

Female bathing suits must be a one piece or covered by a colored t-shirt.  
Must have full coverage of the buttocks and chest.

Guys must wear shirts during swim time and all other activities.  
\* No Speedos, please.

Student to sponsor ratio is 8:1.  
Sponsors need to be 21+ years of age if sponsoring alone.

***Violations of any of these rules 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 RELEASE FORM 2024

Student's Name \_\_\_\_\_

Age: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### **AUTHORIZATION TO TREAT A MINOR**

(We) the undersigned, Legal Guardian(s) of: \_\_\_\_\_ (a minor) do hereby authorize South Texas NYI leadership to consent to any examination, treatment, and hospital care which is deemed advisable by the physician in the exercise of his/her best judgment.

This authorization is given to remain effective July 1, 2024 through July 5, 2024 unless sooner revoked in writing. If ANY medical changes occur in this time period, the online form must be updated, or it is no longer valid.

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

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

# Permission to Participate

**What:** South Texas Youth Camp

**When:** Monday through Friday, July 1-5, 2024

**Where:** Trinity Pines Camp & Conference Center - Trinity, TX

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

## APPROVAL OF PARENTS AND GUARDIANS AND WAIVER OF CLAIM

I hereby understand that the events may include potentially dangerous activities such as traveling in church vehicles, riding roller coasters, sleeping in cabins with or without heat & air, running, working outdoors, encountering insects or rodents, jumping on trampolines, riding zip lines, boating, canoeing, climbing rock walls, laser tag, paintball, team sports or individual competitions, eating interesting things, swimming, indoor & outdoor games that require mildly good health, and any of these could cause mild to fatal injury. And I give my permission for \_\_\_\_\_ (a minor) to participate in the events and activities included.

I the parent/guardian of \_\_\_\_\_, (a minor) do hereby release and will hold South Texas District Church of the Nazarene, South Texas NYI, the Church of the Nazarene, or any of its District Boards, or its representatives harmless of any and all liability and claims resulting from any sickness, injury, loss, or accident that might occur to said minor while participating in the activities affiliated with the church. I/We also will not hold liable the above-mentioned affiliates for the loss or damage of property of \_\_\_\_\_ (a minor) during the time of these activities.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Phone #1 \_\_\_\_\_

Parent/Guardian Phone #2 \_\_\_\_\_

Alternative Guardian \_\_\_\_\_

Alternative Phone Number \_\_\_\_\_

# South Texas Youth Camp 2024

## Consent to Participate, Medical Release, & Waiver of Liability Form

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

Date of Birth: \_\_\_\_\_ Emergency Phone : \_\_\_\_\_

Names of Parents/Guardians: \_\_\_\_\_

Allergies/Special Instructions: \_\_\_\_\_

### To Whom It May Concern:

We, the parent(s)/guardian of \_\_\_\_\_, (a minor), do hereby give permission for my (our) child named above to attend and participate in the activities that are associated with the South Texas District Youth Camp during 2024. We do hereby release and will hold the South Texas District, Trinity Pines Camp, and any connected affiliate, harmless of any and all liability and claims resulting from any sickness, injury, loss, or accident that might occur to said minor while participating in the activities affiliated with the Camp during the designated year.

This release shall also constitute authority to the camp director or staff to give consent for any doctor, nurse and/or hospital to administer medical aid and treatment for the minor if an accident is sustained or emergency exists. This includes any X-ray examination, anesthetic, surgical or dental diagnosis or treatment and hospital care.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date