

SOUTH TEXAS YOUTH CAMP

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.

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's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

MEDICAL RELEASE FORM & AUTHORIZATION TO TREAT A MINOR

Student's Name _____

Date of Birth: ____ / ____ / ____

Parent/Guardian Phone: _____

Address: _____

Do you have Health/Accident Insurance // Tiene seguro médico / contra accidentes? YES NO

Health/Accident Insurance Carrier // Quién es su compañía de seguros de salud / accidentes?

Policy # // Numero de Poliza? _____

Group # // Numero de Grupo? _____

Physician Name // Nombre del médico _____

Physician Phone Number // Número de teléfono del médico _____

Allergies or medical conditions? // Tiene alguna alergia o condición médica?

(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.

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 event during the designated time.

This release shall also constitute authority to the event 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.

This authorization is given to remain effective June 30, 2025 through July 4, 2025 unless sooner revoked in writing.

Parent/Guardian's Signature _____

Date _____

PERMISSION TO PARTICIPATE

What: South Texas Youth Camp

When: June 30 - July 4, 2025

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

Who: Students who have completed grades 6th - 12th

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 _____

Parent/Guardian Phone #1 _____

Parent/Guardian Phone #2 _____

Alternative Guardian _____

Alternative Phone Number _____