

SOUTH SHORE CONGREGATIONAL YOUTH CONFERENCES, INC.

"A Vacation with a Purpose"

Camp 2014

The South Shore Congregational Youth Conference is an organization of five churches dedicated to provide an amazing week of summer camp to our teens. "Camp" is organized to provide the youth of the participating churches a chance to have fellowship with each other in a Christian setting. Through chapel, vespers, morning watch, discussion groups, organized recreation, and a well rounded social program, we fulfill the overall purpose of the camp.

This truly is A Vacation with a Purpose.

PARTICIPATING CHURCHES**

Bethany Congregational Church
First Church in Weymouth
First Congregational Church of Braintree
Old South Union Church
Union Congregational Church of Weymouth and Braintree

****You must be an active member of one of these churches or their youth groups to attend Camp 2014.**

IMPORTANT DATES

Camp 2014:	Saturday August 16th - Saturday August 23rd
Registration Due:	Sunday March 30th
Balance Due:	Sunday June 15th
Last day to withdraw with refund:	Saturday August 9th

CAMP FEES (\$400.00)

Non-Refundable Registration Fee:	\$100.00
Balance:	\$300.00 (Refundable until August 9th)

REGISTRATION INFORMATION

The registration process for Camp 2014 has been updated.

A completed registration consists of:

- A completed Summer Camp Registration Form (Attached)
- A head-shot photo of the camper e-mailed to photo@sscyc.org
- The \$100.00 registration fee

All registrations received will be screened for eligibility by the participating churches. Eligibility requires being an active member of one of the participating churches or their youth groups. If you are not a member, or do not fulfill the requirements to attend Camp 2014, your registration will be declined and your registration fee will be refunded.

All eligible Camp 2014 applicants will automatically be put on a general waiting list. The official camp roster will be created on or around May 1st with input regarding youth group participation and behavior in good standing during the year. Notifications will be sent to those who have been enrolled. A wait list will be maintained until Camp 2014 begins in the event that those enrolled can not attend. The registration fee will be refunded after camp for the applicants who remained on the wait list and did not have the opportunity attend.

REGISTRATION PROCESS

1. Complete the attached Summer Camp Registration Form online and click "Print" to print the registration form.
2. Return to the registration form and click "Submit". This will submit your registration online.
3. Sign the registration form.
4. E-mail a "head-shot" photo of this camper to photo@sscyc.org. Please include the camper's full name and date of birth in the e-mail to help match the photo with the camper's registration.
5. Mail the \$100.00 non-refundable registration fee, payable to "SSCYC", and the completed Summer Camp Registration Form to:
South Shore Congregational Youth Conferences, Inc.
P.O. Box 890008
Weymouth, MA 02189-0001

E-mail registrar@sscyc.org with any questions or concerns.

P.O. Box 890008, Weymouth, MA 02189-0001

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Summer Camp Registration Form

CAMP INFORMATION

Dates: August 16-23, 2014

Location: Camp Cody

9 Freedom Road

Freedom, NH 03836

800-399-4436 or 603-539-4997

CAMPER INFORMATION

First Name Last Name Nickname Gender
Address City/Town State Zip Code
Date of Birth Grade (as of January 2014) T-Shirt Size (Adult) Youth Group

PARENT/GUARDIAN INFORMATION

Camper Lives With

Mother's Full Name Mother's Home Phone Mother's Mobile Phone

Mother's E-mail Send registration information and other camp notifications to this e-mail? ☐ Yes ☐ No

Father's Full Name Father's Home Phone Father's Mobile Phone

Father's E-mail Send registration information and other camp notifications to this e-mail? ☐ Yes ☐ No

Guardian's Full Name Guardian's Home Phone Guardian's Mobile Phone

Guardian's E-mail Send registration information and other camp notifications to this e-mail? ☐ Yes ☐ No

HEALTH INSURANCE INFORMATION

Insurance Company

Policy Number Group Number

Policy Holder Policy Holder Date of Birth

CAMPER'S PRIMARY CARE PHYSICIAN

Name Practice Phone

Address City/Town State Zip Code

CAMPER'S HEALTH INFORMATION

General Health Condition ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Date of last Tetanus Immunization

List any allergies (including drugs, environment and latex)

CAMPER'S HEALTH INFORMATION (Continued)

List any food allergies

List any dietary restrictions or special diet

List any medical concerns or conditions (asthma, depression, diabetes, anxiety, nosebleeds, etc.)

List any current medications

List any restricted activities

EMERGENCY CONTACTS (Other than Parent or Guardian)

Name Relationship Home Phone Mobile Phone

Name Relationship Home Phone Mobile Phone

ADDITIONAL INFORMATION

Are there there any other concerns that we should be aware of for this camper?

PARENT'S OR GUARDIAN'S STATEMENT

By registering this camper, I give my permission for photographs and video of this camper to be used by the South Shore Congregational Youth Conferences, Inc. in publications, websites, videos, blogs, Facebook, online photo sharing, etc.

By registering this camper, I give the camp staff my permission to search this camper's luggage and personal belongings in his/her presence in the case that items are lost, borrowed, stolen or for health and safety reasons during the camp week.

In case of emergency I hereby authorize the camp staff to secure emergency medical treatment for this camper on my behalf.

SHOULD THERE BE ANY SPECIAL CIRCUMSTANCES RELATING TO CHILD CUSTODY AND CHILD RELEASE, I WILL NOTIFY THE SOUTH SHORE CONGREGATIONAL YOUTH CONFERENCES, INC. IMMEDIATELY VIA TELEPHONE (781-335-3715) AS WELL AS PROVIDE WRITTEN AND DATED INSTRUCTIONS AT THE TIME THAT THIS FORM IS SUBMITTED.

Print Name Signature Date

****** PLEASE SAVE AND PRINT THE FORM BEFORE SUBMITTING. ****
ONCE SUBMITTED THE FORM IS NO LONGER VISIBLE**