



## 2018 Registration Packet

Dear Future Camp Joshua NC Participant and Parents,

North Carolina Right to Life is so excited for you to join us at Camp Joshua NC (CJNC)! We're planning an informative and fun-filled weekend for you and your friends so you can learn how to be a pro-life leader.

In this packet, you will find the following:

- **Registration Form** (make checks payable to NCRTL Education Fund)
- **Information Pages** (you keep these!)
- **Medical and Legal Release Forms**

Please read through the entire packet carefully. We want to make sure you understand the rules and stay safe so everyone can enjoy Camp Joshua!

If you have any further questions about CJNC, contact Will Moore at 336-274-5433 or [wmoore@ncrtl.org](mailto:wmoore@ncrtl.org). You can also visit our website, [campjoshuanc.org](http://campjoshuanc.org).

We're looking forward to seeing you!

~ The Camp Joshua NC Team

# Camp Joshua NC West 2018 Registration Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

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

Age: \_\_\_\_\_ Gender: *M / F* High School: \_\_\_\_\_

Grade in School (2018-2019): \_\_\_\_\_ My T-shirt size is: S M L XL

Parent(s) Name(s): \_\_\_\_\_

Parent's Emergency Contact Number: \_\_\_\_\_

How much would you say you know about these pro-life issues?

<b>Abortion</b>	A lot	A little	Not much at all
<b>Euthanasia</b>	A lot	A little	Not much at all
<b>Stem Cells</b>	A lot	A little	Not much at all

In brief paragraphs, please answer the following questions:

1. How did you hear about Camp Joshua, and why do you want to attend?
2. How have you been involved in pro-life activities in the past?
3. What do you expect to take home from Camp Joshua?

- **Cost: \$95** (includes accommodations, meals, snacks, materials, and T-shirt)
  - Make checks payable to NCRTL Education Fund (memo line: CJNC Registration)
- Mail checks with signed forms to: NCRTL P.O. Box 9282 Greensboro, NC 27429-0282
- Registration fee can also be paid online by credit card at <http://ncrtl.org/camp-joshua-nc/>
- Scholarships are available for those in need of financial need. Please contact Will at [wmoore@ncrtl.org](mailto:wmoore@ncrtl.org) or 336-274-5433.

**Registration Deadline: July 1<sup>st</sup>, 2018 (after this date, contact us directly)**

(You Keep This Page)

# Camp Joshua North Carolina West July 19-21, 2018

Antioch Body of Christ Ministries  
2935 Antioch Rd., Morganton, NC 28655

More information can be found online at [campjoshuanc.org](http://campjoshuanc.org)

## What to know about CJNC and the schedule:

**Check-in for CJNC will begin at 5:00 pm on Thursday, July 19<sup>th</sup>**, and dinner will be provided. Pro-life college students will assist with the weekend, but adult chaperones will be present at all times. The **camp will end at 2:30 pm on Saturday, July 21<sup>st</sup>**. Parents are welcome to join us for our closing ceremony, starting at 2:15 pm.

CJNC is open to all high school students living in, around or associated with the state of North Carolina.

## What to bring:

- Toiletries and personal needs (including soap and shampoo)
- Twin-sized bedding or sleeping bag, pillow, and at least two towels
- Pens/pencils and notebook
- Enough respectful casual clothing for indoor and outdoor activities to last 4 days

## What NOT to bring:

- Cell phones are to be turned off for the weekend
- Laptops/computers/tablets are not allowed for student campers
- Snacks and drinks (no food in rooms)—we will feed you and snacks will be provided!
- Any ideas about leaving Camp before it's ended (unless with permission)
- No drugs, alcohol, nor cigarettes

## Volunteer/Chaperone Contact information:

- Will Moore: (336) 501-7368
- Barbara Holt: (336) 213-2211

(You Keep This Page)



# CAMP JOSHUA NC West 2018 - Medical Authorization and Health Form

## Personal Information

Full Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender M / F

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Father's Name \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

**In case of emergency and parent is not available, contact:** (must be completed)

Name	Phone	Alt. Phone	Relationship
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Name	Phone	Alt. Phone	Relationship
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Participant's Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Company Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Subscriber \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

## Treatment/Emergency Care Authorization

In the event my dependent (named above) is injured or ill while attending the camp, the Sponsor is authorized to provide first aid, make medical decisions and take any measures the Sponsor, in its sole discretion, deems necessary or prudent to preserve the health or life of my dependent, including contacting an Emergency Medical Service (EMS) and arranging for transportation to the nearest appropriate emergency medical facility.

I direct the Sponsor to contact me as soon as reasonably possible, using the information I have provided above, so that I may direct my dependent's medical care. However, if the Sponsor is not able to reach me or the person designated above or if, in the Sponsor's sole discretion, the situation is urgent and a medical decision must be made before I can be apprised of the situation, the Sponsor may authorize any medical procedure or treatment upon the advice of EMS technicians, medical doctors, hospitals or their staff, including but not limited to diagnostic procedures, blood transfusions or other medical treatment, and surgery.

I acknowledge that no guarantees have been or can be made as to the effect of any treatment or care which may be rendered or authorized by the Sponsor. I understand that the Sponsor will necessarily act through individuals, including camp employees and volunteers. I further acknowledge that I shall be responsible for all reasonable charges related to any treatment or care of my dependent authorized by the Sponsor.

\_\_\_\_\_  
Signature (Parent or Guardian if under 18 years of age)

\_\_\_\_\_  
Relationship with student

\_\_\_\_\_  
Date

We collect the following health background information in case of emergency. Your information will remain confidential.

## Health History

Has the participant had or presently have any of the following?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Ear Infections        | <input type="checkbox"/> Menstrual Problems      |
| <input type="checkbox"/> Attention Deficit Disorder                    | <input type="checkbox"/> Emotional Disorder    | <input type="checkbox"/> Orthodontic Appliance   |
| <input type="checkbox"/> Bed-wetting                                   | <input type="checkbox"/> Fainting/Dizzy Spells | <input type="checkbox"/> Seizures                |
| <input type="checkbox"/> Blood Disorder                                | <input type="checkbox"/> Headache/Head Injury  | <input type="checkbox"/> Sleep Walking           |
| <input type="checkbox"/> Diabetes                                      | <input type="checkbox"/> Joint Problems        | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Recent Illness/Injury/Hospitalization/Surgery |  |  |

Please explain checked items: \_\_\_\_\_

\_\_\_\_\_

## General History

Has had the following childhood illnesses [please indicate approximate age]:

- Measles \_\_\_\_\_  Chicken Pox \_\_\_\_\_  German Measles \_\_\_\_\_  Mumps \_\_\_\_\_

## Immunization History

Please check if participant is up-to-date with the following immunizations:

DPT \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Tetanus Booster (DT or T) \_\_\_\_\_ Polio \_\_\_\_\_

Haemophilus Influenza B \_\_\_\_\_ Varicella (chicken pox) \_\_\_\_\_ MMR \_\_\_\_\_

TB \_\_\_\_\_

## Medications

List all: Prescription and Non-Prescription. \*See medication restrictions below.

- DOES NOT** take medications on a regular basis     **DOES** take routine medication (list below)
- | Medication | Dosage | Time(s) Taken | Purpose of Medicine |
|------------|--------|---------------|---------------------|
|------------|--------|---------------|---------------------|

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Please note the following medication restrictions:

1. Prescription medications must be in original pharmacy containers and labeled with participant's first and last name and with medication name and correct dosage instructions.
2. Any non-prescription medications and vitamins must be in original packaging and with current expiration dates.

If the participant receives care or takes medications for emotional, learning, or psychological concerns, please provide background information so we might work effectively with him/her.

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### Allergies

Food Allergy  Yes  No Allergic to \_\_\_\_\_

Describe reaction to food & what is done to manage it \_\_\_\_\_

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Other Allergies (bees, latex, etc.)  Yes  No Allergic to \_\_\_\_\_

Medication Allergy  Yes  No Allergic to \_\_\_\_\_

Type of reaction \_\_\_\_\_

**Diet**  Eats a regular diet  Vegetarian  Lactose Intolerant  Other (please describe)

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**Activity**  No restrictions  Restrictions (please describe)

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# Camp Joshua North Carolina 2018

## Acknowledgment, Indemnification Agreement and Release

My dependent, named below, is an applicant for Camp Joshua NC on July 19-21, 2018. The camp is sponsored by the North Carolina Right to Life, Inc., Education Fund (hereinafter the Sponsor). My dependent has my permission to attend the camp. I am responsible for his or her transportation to and from the camp.

### ACKNOWLEDGMENT OF CONDUCT EXPECTED DURING CAMP AND INDEMNIFICATION

I understand that my dependent's participation in the camp is a privilege, not a right. I acknowledge that I have spoken with my dependent about their need to comply with the rules and requirements established for the camp. I affirm that I have no reason to believe that my dependent would violate the rules or requirements. I understand that a violation of the rules or requirements may result in the expulsion of my dependent from the camp and that I will need to arrange immediate transportation home for my dependent.

**I accept full responsibility for any damages caused by my dependent and agree to indemnify and hold harmless the Sponsor, its officers, directors, agents, employees and volunteers for any such damages, including any judgment or settlement of such damages, and to indemnify them for any costs they incur defending any claim related to such damages, including reasonable attorney fees and expenses.**

### ACKNOWLEDGMENT OF PERSONAL LIABILITY AND RELEASE

I understand that, although adult volunteers will serve as mentors and counselors to the participants and provide supervision, they will not be monitoring the behavior of my dependent or the other participants. I understand that the camp will include moderate physical activities and that there will also be free time for the participants during the camp during which they may participate in sports or other recreational activities. I understand that all participants complete an application identical to the application completed by or for my dependent. However, I further understand that participation in the camp will expose my dependent to some risks, including those which may arise from the actions of other participants in the camp and which may even be prohibited by the rules and requirements established for the camp. I accept the risks which may occur from my dependent's participation in the camp, including the risk of injury to my dependent. I further accept full responsibility for any and all medical expenses related to any injuries that might occur to my dependent from the time they arrive at the camp until their departure.



**In addition, by signing this form, I hereby freely and voluntarily release, relinquish, waive, discharge and covenant not to sue the Sponsor, its Board and Board members, directors, officers, administrators, employees, agents, assigns and volunteers (“the Releasees”) from, against and with regard to any and all claims, causes of action, demands, actions, complaints, or suits for any loss, damage or injury to my dependent, myself or my spouse arising from my dependent’s participation in or presence at the camp resulting from the negligence of a Releasee, a participant, any other person or any cause, or resulting from the gross negligence or willful misconduct of another.**

PHOTO/MEDIA RELEASE

I understand that the Sponsor is developing photographic and multi-media materials to illustrate and promote the pro-life activities of the Sponsor and Camp Joshua. I grant to the Sponsor, and any affiliated organization, the right to take, use, reproduce, assign, and/or distribute photographs, films, and recordings of any type which include my dependent’s image or voice for use in any materials the Sponsor may create, without any payment to or approval by me.

SIGNATURE

I confirm that I am the parent or legal guardian of the dependent (participant).

**I further confirm that I have carefully read this Acknowledgment, Indemnification Agreement and Release, and that I understand it and agree to its terms knowingly and voluntarily.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date