

Dear Pastor, NYI President and/or Youth Director,

Summer is almost here and that means.... you guessed it, TEEN CAMP! We are very excited about what God has in store for our students during our week long retreat. We will be staying at Assembly Park Bible Camp this year. They have a beautiful facility with lots of improvements from the restrooms, dorms, and snack shack, as well as the grounds. The cost of camp this year is \$120 which will include all housing, food, and activities. The theme of this years camp is “Xtreme Living”, and with that, comes an opportunity for our teens to live a life that is thrilling in their personal relationship with Jesus, faith, fellowship with others, and life in general. This attitude of building momentum will come from these three things:

- 1. The Word**
- 2. Worship led by – a ministry team from ONU**
- 3. Fellowship with other teens/sponsors/guests – break out sessions, teams, messy games, and bake the cake**

Here is how you can help make this years camp the BEST EVER!

- 1. Talk to teens and parents – let them know what is going on**
- 2. Advertise – put up flyers around your church where people can see them (you can download additional flyers to print from Facebook and our district website**
- 3. Use your testimony or past experience of camp to excite and encourage teens to go**
- 4. PRAY – pray for your student(s) who are interested as well as those that will be with us, that they receive all that they can during our week**

We are very excited about the plan that God has for our teens and district. With your participation, we can continue to see our teen's lives changed for the glory of the Lord. Please partner with the District NYI Council and staff in prayer for camp. We want to see the youth of your church get involved and are here to help make it happen.

For Him Alone,

**Brett Cole
Camp Director**

2017 Teen Camp info:

When: June 18-23rd

**Where: Assembly Park Bible Camp
10682 E Minnesuing Acres Dr, Lake Nebagamon, WI 54849**

REGISTRATION – CHECK IN will begin at 4 pm on Sunday, June 18th. **CHECK OUT** by 12:00 pm on Friday, June 23rd. **PLEASE MAKE NOTE OF THE TIMES AND THE DAYS.** If your drivers that are planning to pick-up the campers would like to arrive before 12:00 pm on the 23rd and join us for the final worship session together, we would love to have you come.

We need your registrations by June 5th, 2017 because of housing and space.

REGISTRATION due June 5st

Cost: \$120 per camper

Registration forms and a \$50 non-refundable deposit should be mailed to:

**BRETT COLE
806 W. Main St.
Wheeler, WI 54772**

MAKE CHECKS PAYABLE TO-----Wisconsin District NYI

IF YOUR CHURCH IS SENDING AT LEAST 3 OR MORE CAMPERS, WE REQUEST AN EFFORT TO FIND A COUNSELOR TO VOLUNTEER FROM YOUR CHURCH. It would be greatly appreciated and would make things a lot easier! As a reminder this is not just a getaway but, a chance to make a huge investment in the lives of the young people of this state and district.

Specific openings needed are for Female and Male Cabin Counselors, a nurse, and kitchen staff

Enclosed please find the promotional material, information and camp registration forms for both camper and staff participants. *Each participant, regardless of age, must complete a registration form to comply with state law requiring of medical and emergency information for each person at Teen Camp.* In fact, this will be a standard requirement for all district NYI events, so please communicate this to all adult volunteers and sponsors in your local church.

If you or anyone in your church is interested in serving on staff or as a counselor, please have them call me at (715) 559-9083 right away! There is a required background check done for all staff before camp as required by the district.

Please check out our district NYI page on facebook for additional information!

NYI Teen Camp Registration Form

June 18-23rd, 2017

Cost: \$120

AGES – GOING INTO 6TH GRADE – 18 YEARS OLD

First Name _____

Last Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Age _____ Birth Date ____/____/____

Gender: Circle One Male / Female

Grade in School _____ Year of H.S. Graduation _____

Email Address _____

Parent/Guardian Name _____

Phone (Mom) _____ (Dad) _____

Emergency Contact (If parents/guardians cannot be reached)

Name _____

Relation _____ Phone _____

Roommate Preferences: _____

Registration Cost

Total Cost: _____ Amount Paid with Registration _____ Date _____

Health Information

Immunization current? Yes No

(If no, please explain why): _____

Is the camper allergic to any medications? Yes No

If Yes, please list _____

Specify any other allergies (bee stings, etc.) _____

Date of last tetanus shot? _____

Check if camper has had: heart trouble diabetes

rheumatic fever asthma sleep walking

and other _____

Is camper currently under medical care? Yes No

If Yes, please explain _____

Is the camper currently taking any medications? Yes No

If Yes, list medication and dosage schedule: _____

*****Please Note*** - In adherence to Wisconsin state law, we will require that all campers coming with medication to do the following:**

****All medications MUST have original Pharmacy label.**

Please store your medication in a ziplock bag with your name clearly marked on it.

****All camp medication will be turned in to the R.N. at check-in and registration.**

Only Exceptions: Exceptions will be made for epi-pens or inhalers that are needed for immediate use in case of emergency.

If the camper complains of minor pain, may the nurse administer acetaminophen (Tylenol) and / or Ibuprofen?

Yes No

Health Insurance Company: _____

Insurance policy#: _____

I certify that my child _____ is in good health and is free from communicable diseases, and is able to participate in all camp activities unless noted. In case of medical and /or surgical emergency, I hereby give my permission to the trained medical staff selected by the camp administration and/or Wisconsin District Church of the Nazarene NYI (camp sponsor) to hospitalize and secure proper treatment for my child.

I also understand that my child's participation in this activity can expose him / her to dangers both from known risks and unanticipated risks. I hereby release and discharge Wisconsin District Church of the Nazarene, its officers, and all camp staff from any and all claims or liability for personal injury or property that my child may experience while participating.

Parent / Guardian Signature: _____

Date: _____

ALL FORMS MUST BE SIGNED AND DATED BY PARENT AND/OR GUARDIAN and each CAMPER must read the rules of the camp and sign where indicated. Thank You!

Wisconsin District NYI Teen Camp

Parental Permission and Waiver of Liability

(YOU MUST COMPLETE THIS FORM TO ATTEND)

For your information, we expect each student to conform to these rules of conduct:

- * No possession or use of alcohol, drugs, or tobacco**
- * No fighting, weapons, fireworks, lighters, or explosives**
- * No offensive or immodest clothing**
- * No boys in girls' sleeping quarters and no girls in boys' sleeping quarters**
- * Participation with the group is expected**
- * Respect property, one another, staff, adult leaders, and comply with event schedules**

Students who fail to comply with these expectations may be sent home at their parent's expense.

I give permission for Wisconsin District NYI to use in publications and/ or on the website photos of my students. Parents' initials _____

I also recognize the authority of all district sponsors, as those who will supervise this event and uphold proper conduct. I understand that my son/daughter could be sent home and that I would be responsible for their transportation home and any destruction of property.

I will not hold the Church of the Nazarene responsible for accident, injury or theft. My son/daughter has my permission to attend NYI Teen Camp.

(Parent or Guardian Signature)

(Date)

Teen Cooperation Agreement

I am willing to cooperate with my sponsors, and I will submit to their authority in all areas. I will also follow the guidelines set up by the Wisconsin District NYI. I am aware that failure to do so will result in disciplinary action.

(Participant Signature)

(Date)