

2016 Nosoca Pines Ranch Camper Application

Online registration available at www.nosoca.org

Phone: 803-273-8200

Email: npr@carolinasda.com

Website: www.nosoca.org

One application per camper per week (you may copy or download online if additional applications are needed).

Primary Contact _____ **Primary Phone** _____ **Phone** _____
Mailing Address _____
City _____ **State** _____ **Zip** _____ **Email** _____
Additional Parent _____ **Primary Phone** _____ **Phone** _____
Alternate Contact _____ **Relationship to Camper** _____ **Primary Phone** _____
CAMPERS NAME _____ **Sex** _____ **DOB** ____ / ____ / ____ **Age on Sept 1, 2015** _____

Carolina Conf. Seventh-day Adventist? Yes ____ No ____ Carolina Conf. SDA Church Membership _____

You will receive the following consent form to be signed on Sunday of registration by the Primary Parent:

Authorization and Consent for Medical Treatment: In case of illness or in an emergency, I hereby give permission to the physician selected by the camp directors, to secure proper treatment for my child including: ordering injections, x-rays, hospitalization, anesthesia, and/or surgery. As parent or legal guardian, I am in favor of the person attending camp and participating in all activities unless otherwise specified. I accept the conditions stated, including the release of the Carolina Conference and camp management from liability in case of accident or illness. I do support and applicant agrees to abide by all camp regulations and policies and I understand that when a camper chooses not to abide by the camp policies, they may be asked to leave with no refund. Also, I give permission for the applicant's picture, while participating in camp activities, to be used brochures, publications, slides, and videos promoting Nosoca Pines Ranch.

Camper Health Record: To ensure current health information and camper privacy, the camper health for will need to be brought with you at Sunday registration.

Junior Camp Class Selections:

You get two classes out of your top four choices. Choose your top four.

____ Aerospace ____ Mountain Biking ____ Climbing Wall ____ Mountain Boarding ____ Photography
____ Cross Training ____ Wilderness Survival ____ Horsemanship ____ Christian Drama/Signing ____ RC Cars
____ Swimming ____ Gymnastics ____ Water Sports ____ Crafts

Camper's Choice:

A camper must be the age listed for each camp by September 1, 2014 in order to attend any camp.

Traditional Camps

Price: \$410.00 or \$243.00 for Carolina Conf. SDA

____ Adventure 7-11 years June 19-26
____ Junior 10-13 years June 26 - July 3
____ Teen 13-16 years July 3-10

Specialty Camps

Price: \$475.00 or \$273.00 for Carolina Conf. SDA

____ SIT Camp 16-17 years June 12-24
____ Horseman I 12-16 years June 19-26
____ Horseman II 13-16 years June 26- July 3
____ Horseman III 13-16 years July 3 - 10
____ Sports Camp 13-16 years June 26-July3
____ Water Sports 13-16 years June 26 - Ju

Horseback Mountain Trip

Price: \$520 or \$345.0000 for Carolina Conf. SDA

____ Horse camping 13-16 years May 29-June 3
Trip

There is a **non-refundable** deposit of \$50 due with application.

Method of Payment

____ Check ____ Money Order ____ VISA ____ MasterCard

Payment Includes:

Camp Fee \$ _____

Deposit \$ _____

Store \$ _____

Donation \$ _____

Amount Enclosed \$ _____

Balance Due \$ _____

____ / ____ / ____ / ____
Credit Card Number

Exp. Date

Person Paying (Please Print)

Authorized Signature

Date

Checks or Money Orders should be made payable to Carolina Conference of SDA.

Card Holder Zip Code _____

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