

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.				
<input type="checkbox"/> Aerospace	<input type="checkbox"/> Mountain Biking	<input type="checkbox"/> Climbing Wall	<input type="checkbox"/> Mountain Boarding	<input type="checkbox"/> Photography
<input type="checkbox"/> Cross Training	<input type="checkbox"/> Wilderness Survival	<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Christian Drama/Signing	<input type="checkbox"/> RC Cars
<input type="checkbox"/> Swimming	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Water Sports	<input type="checkbox"/> 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 <input type="checkbox"/> Adventure 7-11 years June 19-26 <input type="checkbox"/> Junior 10-13 years June 26 - July 3 <input type="checkbox"/> Teen 13-16 years July 3-10	Specialty Camps Price: \$475.00 or \$273.00 for Carolina Conf. SDA <input type="checkbox"/> SIT Camp 16-17 years June 12-24 <input type="checkbox"/> Horseman I 12-16 years June 19-26 <input type="checkbox"/> Horseman II 13-16 years June 26- July 3 <input type="checkbox"/> Horseman III 13-16 years July 3 - 10 <input type="checkbox"/> Sports Camp 13-16 years June 26-July3 <input type="checkbox"/> Water Sports 13-16 years June 26 - Ju
Horseback Mountain Trip Price: \$520 or \$345.0000 for Carolina Conf. SDA <input type="checkbox"/> Horse camping 13-16 years May 29-June 3 Trip	
There is a non-refundable deposit of \$50 due with application.	

Method of Payment <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MasterCa _____ / _____ / _____ / _____ Credit Card Number Exp. Date Person Paying (Please Print)	Payment Includes: Camp Fee \$ _____ Deposit \$ _____ Store \$ _____ Donation \$ _____ Amount Enclosed \$ _____ Balance Due \$ _____
_____ Authorized Signature Date Checks or Money Orders should be made payable to Carolina Conference of SDA.	
Card Holder Zip Code _____	

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