



## **Northgate Base Camp 2019 Information**

### **DATES**

August 12<sup>th</sup> – 16<sup>th</sup> from 9AM – 5PM (9AM - 1PM for campers ages 4 & 5)  
Lunch will be served at 12PM each day of the camp.

### **WHERE**

Northgate FMC (South Campus) 350 Bank St. Batavia, NY 14020

### **COST**

Base Campers age 6-14: April & May \$80 (*2<sup>nd</sup> camper \$50; 3<sup>rd</sup> camper \$40*)  
Registration after May 31st \$120 (*2<sup>nd</sup> camper \$80; 3<sup>rd</sup> camper \$60*)

Base Campers age 4 & 5 (half day): April & May \$40 (*2<sup>nd</sup> camper \$30*)  
Registration after May 31st: \$60 (*2<sup>nd</sup> camper \$50*)

(Make checks out to Northgate FMC with “Base Camp” in the memo line)  
Scholarships available based on need.

### **AGES**

This camp is designed for children and students ages 4-14. Campers ages 4 & 5 will enjoy a half day curriculum from 9-1PM (including lunch).

### **CAMP STAFF**

Supervision & care will be provided directly by our head coaches & counselors. All counselors have been “We Care” trained to ensure safety and quality. These counselors have been selected for their leadership, their walk with Christ, enthusiasm, and a desire to give your child the best camp experience possible.

### **THINGS TO BRING**

Athletic clothes & footwear, a water bottle and medications (complete page 3 with physician signature if medication will be taken during camp hours). Northgate will provide all sports equipment for chosen sport and activities. No sports equipment should be brought to camp unless otherwise specified.

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

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

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

Zip: \_\_\_\_\_

Child T-Shirt Size: YXS YS YM YL AS AM AL AXL A2XL A3XL (circle one)

**Primary Parent/Guardian/Emergency Contact Name:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

**2nd Parent/Guardian/Emergency Contact Name:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

**Sport to participate in: (Fill in one sport for the week)**

Soccer     Basketball     Cheer     Football Skills     Hikers Trail (ages 4 & 5)

**I would like to be contacted about volunteer opportunities for Base Camp 2019 or have a student who would like to be contacted. (Ages 15 & older)**

**How did you hear about Northgate's Base Camp?**

\_\_\_\_\_

**Were you referred by another Base Camp participant?**

Referrer: \_\_\_\_\_

**Both the referrer and newly referred camper will receive a \$10 discount from their total camp admission! Please share the final 'referral page' of this application with anyone who would benefit from this camp experience!**

**(Please fill out the following information completely)**



Physician's Name: \_\_\_\_\_

Physician's Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Medical Insurance Carrier:

\_\_\_\_\_

Policy/ID #: \_\_\_\_\_

Special Meal Accommodations: \_\_\_\_\_

Operations, serious injuries or illnesses and dates:

\_\_\_\_\_

Allergies: \_\_\_\_\_

Prescription medications:

\_\_\_\_\_

List existing medical conditions (such as asthma, ADD, nosebleeds, car-sickness, headaches, etc.):

\_\_\_\_\_

Describe any additional physical or emotional needs:

\_\_\_\_\_

**Immunizations (Please attach a copy of your child's shot record OR give date of most recent vaccine below) Failure to comply will result in delay in entering or removal from camp.**

Tetanus	Measles	Polio
Diphtheria	Mumps	Varicella (Chicken Pox)
Pertussis	Rubella	Haemophilus (Hib)
Hepatitis B	Other	



**Northgate Base Camp 2019**

**Per New York State Law, a physician's signed permission must be on file for all medications to be given at camp (*including over-the-counter medications*).**

**No Medications will be given to my child at Northgate's Base Camp 2019.**

**Medication to be administered at camp:**

\_\_\_\_\_

**Dose:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Medication(s) to be administered at camp:**

\_\_\_\_\_

**Dose:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Medication to be administered at camp:**

\_\_\_\_\_

**Dose:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Medication(s) to be administered at camp:**

\_\_\_\_\_

**Dose:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Medication to be administered at camp:**

\_\_\_\_\_

**Dose:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Physician's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**ACKNOWLEDGEMENT AND CONSENT**

- I **give** permission for photographs in which I and my child(s) appear to be used for publications and public relations activities by Northgate Free Methodist Church.
- I **do not give** permission for photographs in which I and my child(s) appear to be used for publications and public relations activities by Northgate Free Methodist Church.

This may include use in print and electronic media, social media, including the internet.

Printed name of Parent/Legal Guardian

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Full name of child(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Details

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

Phone/Mobile: \_\_\_\_\_

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

**STAFF USE ONLY**

Date: \_\_\_\_\_ Name of Photographer: \_\_\_\_\_

Location: \_\_\_\_\_

Photo Reference Number: \_\_\_\_\_  
\_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_

**NORTHGATE FREE METHODIST CHURCH**  
**8160 BANK STREET ROAD**  
**BATAVIA, NY 14020**  
**585-343-4011**

**PARENTAL CONSENT**

The undersigned does hereby give permission for my child \_\_\_\_\_ (child's name) ("Participant"), to attend and participate in any Northgate Free Methodist Church children/youth ministry activities, events, retreats and childcare during the period of August 1st, 2019 – September 30, 2019.

**LIABILITY RELEASE:** In consideration of Northgate Free Methodist Church allowing the Participant to participate in children/youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Northgate Free Methodist Church, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in children/youth ministry activities and child care, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Northgate Free Methodist Church. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

**(A parent/guardian must sign & date below in the presence of a notary)**

**\*A notary is freely provided by Northgate during regular office hours (9AM -3PM Monday – Thursday)**

I, “ \_\_\_\_\_ ” have read the above information of pages 2-6 and agree.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

Base Camp is a Base Ministry of Northgate Free Methodist Church, 8160 Bank Street Road, Batavia, NY 14020  
For more information, contact Base Camp Director, Pastor Daniel at (585) 343-4011 or [daniel@northgatefmc.com](mailto:daniel@northgatefmc.com)



## Northgate Base Camp 2019 Referral Information

### DATES

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### EXPERIENCE

Our Base Camp experience is centered around spiritual growth through sports, group play and Christian interaction. Our church strives to equip children and students with formative knowledge, experiences and practical engagement with real world applications to provide a safe growth environment. Prior membership/attendance at Northgate or any Base ministry is not required for this camp. We invite all to be included in this exciting event!

**Scholarships available based on need. Please contact Pastor Daniel with any questions at [Daniel@northgatefmc.com](mailto:Daniel@northgatefmc.com) or 585-993-7474.**

**Please use share this referral page with a friend! All referrals who attend Base Camp in 2019 will receive an additional \$10 off of admission per new referral!**



