



2022 ADULT SUMMER CAMP APPLICATION (Aug. 14 - Aug 20, 2022)
REGISTRATION FORM

Send completed application to:
Mrs. Charmin Deloatch, Registrar
at
summercamp@newhorizonsministries.org
or Mail to:
New Horizons Ministries, Inc.
P. O. Box 340471
Jamaica, NY 11434

Form with checkboxes for Camp Fee: \$300.00, Transportation Fee: \$40 (R/T), and First Time New Horizons Camper: Yes/No.

Payments can be made via Check, Money Order or Zelle (newhorizonsmin@aol.com) or on our website via credit card.

Camper's Name _____

Male [] Female [] Birth date ___/___/___ Age ___ T-Shirt Size: _____

Address _____

Medical Information: Primary Physician _____ Phone _____

Name of Health Insurance Provider _____ Policy # _____

Emergency Contact Information:

Table with 4 columns: Name, Phone #, Relationship to Camper, and rows for Contact #1 and Contact #2.

During the course of camp, photographs and videos are taken for the purpose of outreach and advertising for the ministry in various forms of media. Your signature below gives New Horizons Ministries, Inc. authorization to use these images for promotional purposes.

Signature line for Camper Signature and Date.

IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact the emergency contact stated above of campers. In the event the emergency contact cannot be reached, I hereby give permission to the physician selected by the Camp Director or Camp Nurse to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for me.

Signature line for Camper Signature and Date.

COVID Vaccine Information

New Horizons Ministries requires all campers and staff be vaccinated and boosted against the COVID-19 virus: Please indicate the dates of your vaccines and / or booster dose/s: Additional screening will be required prior to start of camp.

Dates of COVID vaccines:

#1 ___/___/___

#2 ___/___/___

Booster. ___/___/___

Booster. ___/___/___