

2010 Nosoca Pines Ranch Summer Camp Application

Online registration available at www.nosoca.org

Mail to: Nosoca Pines Ranch PO Box 200 Liberty Hill, SC 29074

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).

Please list phone number of parents/legal guardian in the order they should be contacted:

Primary Parent _____ Day Phone _____ Cell _____

Additional Parent _____ Day Phone _____ Cell _____

Secondary Contact _____ Day Phone _____ Cell _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

Camper's Name _____ Sex _____ DOB ____ / ____ / ____ Age on Sept 1, 2010 _____

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 or Tween Camp Class Selections:

Please choose your top four class choices in the order you would like them. If it is full, we will assign the next preferred choice.

Aerospace Mountain Biking Climbing Wall Mountain Boarding
 Cross Training Mountain Lore Horsemanship Christian Drama/Signing
 Swimming Gymnastics Water Sports Crafts

Camper's Choice:

A camper must be the age listed for each camp by September 1, 2010 in order to attend any camp.

Traditional Camps

Price: \$370 or \$210 for Carolina Conf. SDA

(Check one)	Ages	Dates
<input type="checkbox"/> Adventure	7-11 years	June 20 - 27
<input type="checkbox"/> Junior	10-12 years	June 27 - July 4
<input type="checkbox"/> Tween	12-14 years	July 4 - 11
<input type="checkbox"/> Teen	13-16 years	July 11 - 18

Specialty Camps

Price: \$410 or \$240 for Carolina Conf. SDA

(Check one)	Ages	Dates
<input type="checkbox"/> S.I.T	16-17 years	June 13 - 27
<input type="checkbox"/> Horsemanship 1	12-16 years	June 20 - 27
<input type="checkbox"/> Water Sports	13-16 years	June 20 - 27
<input type="checkbox"/> Basketball	11-13 years	June 20 - 27
<input type="checkbox"/> Wheels	13-16 years	June 27 - July 4
<input type="checkbox"/> Horsemanship II	13-16 years	June 27 - July 4
<input type="checkbox"/> Sports	13-16 years	June 27 - July 4
<input type="checkbox"/> Horsemanship III	11-13 years	July 4 - 11
<input type="checkbox"/> Golf	13-16 years	July 4 - 11

Teen Extreme Adventure Trips

Price: \$450 or \$300 for Carolina Conf. SDA

(Check one)	Ages	Dates
<input type="checkbox"/> Horse Camping Trip	14-17 years	July 25 - 30
<input type="checkbox"/> Mt Biking Camping Trip	14-17 years	July 25 - 30

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 _____