



Early Bird
Registration
\$425
By 3/18/24

- ◆ Cost \$450 per week. Multi week discount - \$25 per week.
- ◆ Registration and deposit (Registration Form, Camper Code of Conduct, Liability Form, \$75) deadline is Monday June 3, 2024.
- ◆ All Medical Forms and balance of payment (Health History, Copy of Immunization Records, Medication Administration Forms) must be completed and submitted no later than Monday June 17, 2024. Failure to have completed forms may delay camper's attendance. We are unable to hold a spot for a camper that has not submitted all paperwork and account balances paid due to waiting lists.
- ◆ Though we take into consideration bunkmate requests and try to accommodate these requests, they cannot be guaranteed.
- ◆ If you would like to be considered for Financial Assistance, please submit a financial application (found at www.campnaz.org) with registration. Assistance is limited and is a first come, first serve basis, if eligible. Once a completed application is received it is dated.
- ◆ If you need assistance with filling out any forms, please contact our main office for assistance at (315) 724-2158 ext. 7015.

Resident camping for boys and girls in the foothills of the Adirondacks

Camp Nazareth is built on 200+ acres of forests and lakefront in the Adirondack Park. Summers at Camp Nazareth last forever where boys and girls, ages 8-16, experience traditional camping activities and develop long lasting friendships and memories.

2024 Camp Schedule: Week 1: July 7 - July 12 • Week 2: July 14 - July 19 • Week 3: July 21 - July 26

Please visit us at www.campnaz.org at or call (315) 724-2158 ext. 7015 for more info! 



REGISTRATION

You are encouraged to register early to ensure your selection. Please include your \$75.00 deposit for each week selected.

Please Print: Camper's Name

Last _____ First _____

Age _____ Birthdate / / Sex: M F Ethnicity (optional) _____

Mailing Address _____ City _____ State _____ ZIP _____

Email Address: _____

Parent or guardian #1 _____

Phone #1 (____) _____ Home Work Cell Phone #2 (____) _____ Home Work Cell

Parent or guardian #2 _____

Phone #1 (____) _____ Home Work Cell Phone #2 (____) _____ Home Work Cell

Bunkmate request _____ (limit 1) (Request must be reciprocal and within the same age group. We want you to make new friends!)

Please list any Dietary Restrictions/Food Allergies or if camper is Vegetarian: _____

Additional Emergency Contact: Name: _____ Relationship: _____ Phone #: _____

Registration Fees:

\$450.00/Week. \$10.00 of registration fee will be deposited in the camper's Canteen Account. A nonrefundable \$75.00 deposit is required for each week your child attends camp. Registration and deposit must be in by June 3rd. Balance and all additional forms are due in full by June 17th.

Refund Policy

The \$75.00 deposit fee is non-refundable and non-transferable. It is paid at the time of registration for each week reserved. Refunds beyond the deposit will be for illness or injury only and will be prorated. You must notify the camp office in writing with a letter from your attending physician. No refunds are given for homesickness or to children sent home for violating the camper code of conduct.

Camp Nazareth Conditions of Registration

- I have completed a registration form
- I have included a \$75.00 nonrefundable deposit for each week, along with this signed registration form, liability form and camper code of conduct form. Code of Conduct to be signed by camper and guardian
- I will provide a completed health form prior to camp on or before June 17th.
- I understand the balance of fees must be paid by June 17th or camper will not be able to attend.
- I give permission for any photos/videos taken of my child to be used for promotional use.
- I agree with the stated information regarding program fees and refund policy.
- I acknowledge that Camp Nazareth is not responsible for lost or stolen property.
- I acknowledge that Camp Nazareth reserves the right to refuse any application.

X _____ Date ____/____/____

Signature of parent or guardian

Please complete the information below for the appropriate weeks.

Week (Check All That Apply)	(x)
Week 1: July 7 - July 12	
Week 2: July 14 - July 19	
Week 3: July 21 - July 26	
Number of Weeks Attending x \$450 (minus) \$75 Deposit (Each week - Due at time of Reg.)	
Early Bird (1 Week Only By: 3/18/24) - \$25	
Multiweek Discount - \$25 per week	
Total Amount Due By: 6/17/2024	

Mail completed registration forms and payment to:
Catholic Charities Camp Nazareth, 1408 Genesee Street, Utica, NY 13502
 Make checks payable to: **Catholic Charities**

HOW DID YOU HEAR ABOUT CAMP NAZARETH?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> FAMILY/FRIENDS | <input type="checkbox"/> RADIO |
| <input type="checkbox"/> SOCIAL MEDIA | <input type="checkbox"/> BILLBOARD |
| <input type="checkbox"/> TV | <input type="checkbox"/> OTHER |

CAMP NAZARETH

Camper Code of Conduct

Please read the following Code of Conduct with your child so that you both understand what is expected while attending Camp Nazareth. Once reviewed, please sign, date and return this form along with the rest of your paperwork. **No child will be admitted to camp without a signed copy of the Camper Code of Conduct on file.**

- Campers are expected to attend all daily activities, program sessions and be a willing participant in all scheduled camp activities;
- All camp rules need to be followed to protect the health, safety and rights of everyone;
- All campers will be considerate of others; including other campers, staff and themselves;
- All campers will respect the property of others, including Camp Nazareth property. Should damage occur, the involved camper's parent(s)/guardian(s) will be held financially responsible;
- Electronic devices, such as, cell phones are not permitted at camp;
- Camp Nazareth is not responsible for any lost or stolen property;
- Disruptive behavior of any kind will not be tolerated and could result in the camper being sent home immediately. These include, but are not limited to: swearing, bullying, threatening, fighting, theft, damage or destruction of property.
- The use of possession of drugs, alcohol, or tobacco is not permitted at camp. Involvement in such behavior will result in being sent home immediately;
- Weapons and inflammable devices are not permitted and will not be tolerated at camp. This includes firearms, weapons, fireworks, etc. **Any camper found in possession of such items will be sent home immediately.**

The Code of Conduct will be reviewed with the campers on day one and will be posted around the camp compound. Any violations of the above written code of conduct (*with the exception of those rules that have immediate dismissal from camp*), *the following steps will be taken.*

First Occurrence will result in a verbal warning and discussion of inappropriate behavior, as well as a review of the Code of Conduct and alternative behaviors.

Second Occurrence will result in the parents/guardians being contacted and the camper meeting with the Camp Director to outline and discuss expected behaviors. The camper will sign a Behavioral Contract so that he/she has complete understanding that continued inappropriate behavior would result in expulsion from the camp.

Third Occurrence or non-improvement of behavior will result in parents/guardian's notification to make arrangements for the camper's immediate removal from the premises. **No refund will be given.**

I understand that my child must follow camp rules to protect the health, safety, and rights of others at camp. I understand that I may be contacted regarding my child's infractions of the rules and may have to pick up my child if they violate the camper code of conduct.

Camper Signature

Date

Parent/Guardian Signature

Date

CATHOLIC CHARITIES ADVENTURE PROGRAMS
PARTICIPANT INFORMATION FORM AND RELEASE OF LIABILITY

DISCLOSURE:

Catholic Charities of Oneida/Madison County adventure programs involve a variety of activities that often include warm-up games, group initiative problems, low and high ropes elements, and other physical adventure activities. The industry of experiential and adventure education using challenge courses is statistically safer than many other outdoor activities, such as driving a car, participation in athletics, etc. There still exists the potential, however slight, that you may risk physical or emotional injury through your participation. *The level of participation in a Catholic Charities of Oneida/Madison County adventure program is at all times **voluntary**. Participants **are not required** by their employer, peer group or facilitator to engage in any activity that is uncomfortable or is perceived as harmful in any way.*

The policy for participation in **all** Catholic Charities of Oneida/Madison County adventure programs requires that every participant have health/accident insurance coverage, either personal or through an employer or agency. In addition, certain health/medical information must be made known to the instructor(s) conducting the activities, so that they are prepared to respond appropriately, including exclusion from activities, if the need arises. Failure to disclose known conditions to program personnel via this form will result in full participant responsibility for any incidents occurring as a result of that condition and its manifestations in this environment. All information on this form is strictly confidential. Please complete the form below, including your signature and date, and return it to Catholic Charities of Oneida/Madison County adventure program personnel prior to participating in any activities.

Participant Information:

Name _____ Date of program _____ DOB ___/___/___

Do you have health/accident insurance? Yes _____ No _____

Please respond to the following by placing a check mark to all of those that apply. Please use the space provided below to further explain any relevant information.

Asthma _____	Seizures _____	Diabetes _____
Bee Allergy _____	Heart Condition Oth- _____	Chest pains _____
High blood pressure _____	er allergies _____	(please list _____)

Temporary or permanent pre-existing conditions _____ (please explain _____)

Other known limiting conditions _____ (please explain _____)

Are you prepared to treat yourself in the event of an occurrence of any conditions you identified? Yes _____ No _____
(please explain _____)

Additional information about your ability or limitations regarding your participation in this program?

In case of emergency, please notify _____
Relationship _____ Phone number _____

RELEASE OF LIABILITY:

I, the undersigned, do hereby release and forever discharge Catholic Charities of Oneida/Madison County, the owner of the property where programming is to take place, and their respective agents, servants and employees and anyone else acting on behalf of either, of and from any and all liabilities and claims arising out of, or in any way related to, my participation in programs offered, or any other activity conducted or supervised by Catholic Charities of Oneida/Madison County or taking place on the previously noted premises. The substantive laws of the State of New York shall govern this release.

Participant's Name _____ Participant's Signature _____

Parent/Guardian Name _____ Parent/Guardian Signature _____
(if participant is under 18 years of age) *(if participant is under 18 years of age)*

Date: _____

Address _____ City _____ State _____ Zip _____