



Dear FCA Surf Camper!

We are so excited that you have interest in FCA's North Carolina Surf Camp in Wilmington NC, July 12-15, 2009. Last year more than 45,000 students participated in FCA Camps across the country! We believe that FCA Camp will be an incredibly positive and life-changing experience for you.

The following pages will provide the details that you'll need in preparation for Camp AND the forms that must be completed to enroll in Camp. You'll notice that we have a limited enrollment capacity for Surf Camp so I would encourage you to complete the registration forms and send your deposit immediately. Once camp capacity is reached, we will have to place additional campers on a waiting list. If you are on the waiting list and space does not open up for you at camp, your deposit will be refunded.

Once we receive your completed registration forms and deposit, we will send a confirmation letter to you with details about arriving at camp on July 12 and other information that you'll find helpful.

After reading the following pages, please don't hesitate to call if you have any questions at all about Camp. Be sure to visit our FCA Camp website to learn more about FCA's Mission and Camp process. www.fcacamps.org.

Your Teammate In Christ,

*Hal Hiatt
FCA Director, Southeast NC
NC, FCA Surf Camp Director
910-762-4322
910-619-6809*

*FCA
PO Box 86
Wilmington, NC 28402*



FCA's 2009 Camp Theme: *"Inside-Out" Romans 12: 2.... "Do not be conformed to this age, but be transformed by the renewing of your mind, so that you may discern what is the good, pleasing, and perfect will of God."*



FCA Surf Camp - 2009 Wilmington, North Carolina

*****GENERAL CAMP INFORMATION*****

Camp Dates: July 12-15, 2009. Check In: 11am to 3pm on July 12; Check out 2pm on July 15.

Camper Age/ Skill Level: High School (Students must be entering High School in the coming school year or older). NO previous Surfing experience is required however all campers must be good swimmers. We will have instruction and groups available for all skill levels: ***Beginners*** through ***Experienced***.

Camp Location: UNC Wilmington, Wilmington, NC (Surf/ Beach Location - Wrightsville Beach, located just 10 minutes from UNCW. Transportation is provided for all campers from Campus to beach and back each day.)

Cost: \$430 per camper. This is an all inclusive price and includes everything needed for Camp including all equipment, food, lodging, etc...

What to Bring: Typical Camp Clothes - Shorts, T Shirts etc...SUNSCREEN, Toiletries, Linens for a single bed (or sleeping bag), Pillow, Towels - bath and beach, Bathing suits in good taste - Girls must wear 1-Piece bathing suits (with "board shorts" if desired), Guys should have "board shorts" or similar bathing suits. Students may want to bring spending money for snacks and the Camp Store if desired. **DO NOT Bring....** I-Pods, Electronic Gaming devices, or anything else that might be valuable which could be lost or stolen.

What Else: Students can bring their own surf board to camp if they want but will be responsible for their board throughout the week.

PLEASE NOTE: Because we are limited to a smaller number available for enrollment at this camp, registration is "first come, first served". Once our capacity is reached, we will have to put students on a waiting list for registration. Non-refundable deposits of one-half the cost of camp (\$215.00) must be mailed along with the completed Camp Registration Forms to secure Camp Enrollment. The remainder (\$215.00) can be paid at Camp "Check In" on July 12. Students on the "waiting list" who are not enrolled will receive a refunded deposit.

Deposits and all completed Registration forms should be mailed to:

FCA Surf Camp
PO Box 86
Wilmington, NC 28402

QUESTIONS: Please contact Camp Director, Hal Hiatt at 910-619-6809 or by email at hhiatt@fca.org.

Student Information for Surf Camp Enrollment

Student Name: _____ *Gender:* _____

Surfing Skill Level (circle one): 1) *Beginner* 2) *Intermediate* 3) *Advanced*

Grade (in Fall of 2009): _____ *Birth Date:* _____ *T. Shirt Size:* _____

School Attending: _____ *located in:* _____

Personal Address: _____
Street or PO Box *City* *State* *Zip*

Home Phone: _____ *Cell Phone:* _____ *E-Mail:* _____

Parent or Guardian Name at the Same Address: _____

Parent Work Phone: _____

Emergency Contact Other Than Parent: _____

Emergency Contact Phone: _____

*I have read and understand all of the information regarding the FCA Surf Camp in
Wilmington, NC, July 12-15, 2009.*

Student's Signature: _____

Parent or Guardian Signature: _____



FCA Surf Camp - 2009
Wilmington, North Carolina

www.fca.org
www.fcacamps.org
www.fcasurf.org

Camper Medical Release/ Waiver Form

** This form can be completed and mailed with Registration Forms OR completed and turned in at Camp Registration Check In on July 12. **This form must be completed signed and turned in before Campers can be admitted to Camp.** Even though some of this information may have been provided in the previous registration pages, please complete all information requested. This form will stay on file with Camp Medical Personnel and separate from other registration information.*

Name of Student (please print) _____

Address _____

City _____ State _____ Zip _____ Phone _____

If the participant is a minor, print the names of parent(s) and/or legal guardian(s):

Age _____ Birth Date _____ Academic Grade _____

School _____ Social Security # _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the child named above including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I give permission for the Camp Trainer or other Camp professional medical staff to give over-the-counter medications as needed. I give permission to transport the child named above to a medical treatment center in a non-emergency vehicle in a medical emergency situation.

Release to use Image and Likeness

On occasion, the Fellowship of Christian Athletes (FCA) or its representatives takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to:

photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. These images may also be used by FCA or its agents to produce ministry resources for staff training, Camp or campus ministry or other uses to promote the ministry of FCA. FCA may also make these materials available for sale to the public.

Medical History

1. Does the camper have any known physical defect or illness which might interfere with his/her participation in strenuous activity? If so, please explain.
2. Does the camper have any severe allergies or reactions to drugs or medicines? Explain.
3. Is the camper presently taking any medications or on any special diet or exercise restrictions? If yes, please list specific details. (Name of drugs, dosage, etc.)
4. Indicate the date of last TTB (Tetanus, Dip Tox, Booster shot) _____
5. Are there any emotional/social disabilities that would be helpful for us to be aware of?
6. Is your son/daughter living with: ■ both parents ■ one parent ■ guardian ■ other

Health Insurance

Health insurance information: Insurance Company _____
 Policy Number _____ Phone Number _____
 Medical Doctor _____ Phone Number _____

Emergency Contacts

Name of persons and telephone numbers to call in case of emergency:
 Parent/Guardian _____ Home _____ Work _____
 Parent/Guardian _____ Home _____ Work _____
 Other _____ Home _____ Work _____

Swimming Ability

_____ Moderate (capable of swimming several lengths of pool)
 _____ Beginner (capable of swimming for several minutes in deep water) _____ Advanced (capable of swimming long distances)

Other Information

Other information leaders should know about the child participant:

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of this organization, including any special events/activities described above. In consideration for allowing the participation of the child in these activities, I hereby consent to the Permission/ Waiver Form, including the **Release of Liability** above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

 Signature of Parent or Legal Guardian Date

 Print Name of Parent or Legal Guardian

 Witness Signature Date