What: Join over 400 people from Young Life in Connecticut, Long Island and NYC @ a Young Life property- Lake Champion. The trip includes first class facilities, food, lodging, activities, games, free time, huge Clubs featuring talks about the Christian faith, and nightly discussions. Fun, memories, and adventure are guaranteed to all!

Supervision: includes local leaders who “go through” camp with kids, including staying in the same dormitory, and a property staff of over 30 workers. The overall ratio of supervision to kids is 1:7. Male and female housing is clearly defined, separated, and chaperoned. Student safety and well-being are first priorities.

Price: $150.00, which includes:
Transportation by coach bus, and all food, lodging, activities @ Lake Champion.

Packing List:
• Outfit for field games (might be muddy or snowy!)
• Bathing suit & Towel (Hot tub will be open!)
• Warm clothes/snow or rain gear
• Toiletries (Bedding provided)
• Any snacks you want
• Cash for extra food or souvenirs from camp store

Do NOT Pack:
• Unnecessary valuables such as jewelry
• Drugs or Alcohol (anyone who is discovered will be immediately sent home at parent’s expense)

Camp Contact Information:
Young Life’s Lake Champion
247 Mohican Lake Rd.
Glen Spey, NY 12737
(845) 856-6871
Cell phones are not permitted at camp. Pay phones are available. Messages can be left for campers using the above number.

Weekend Medical Consent Form
In the event that your child becomes ill or is injured, we request that Young Life be given permission to take your child to the nearest medical facility or healthcare provider and have the necessary treatment administered. Your signature below will acknowledge your acceptance and understanding of Young Life’s role in the medical care of your child. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Young Life the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Young Life. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Young Life from liability in acting on my behalf in this regard. I hereby grant permission to Young Life to use, reproduce, and/or distribute photographs, film, video, and sound recordings of my child without compensation or approval rights, for use in materials created to promote Young Life.

Name of child _______________________________________________________
Signature of Parent or Guardian______________________________________________
Phone ___________________________ School ____________________________
Address __________________________ City __________________________ State ________ Zip ________
Birth date ___________ Year of Graduation ___________
If parents are not available, please call person listed below:
Name ___________________________ Relation _____________________________
Phone Number __________________________
Address __________________________ City __________________________ State ________ Zip ________
Parent/Guardian’s Insurance Company*____________________________
Policy Number ______________________________________
Additional comments regarding medical history, allergies, penicillin or drug reaction, etc., which may be needed in any treatment:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
(Circle one) $75 deposit enclosed or Full $150 payment enclosed
Make checks payable to Young Life. ALL DEPOSITS ARE NON-REFUNDABLE!

*All injury claims that are less than $250 are covered by Young Life. Any claim exceeding $250 will be coordinated with your personal insurance entirely. At that point, Young Life will become the secondary carrier and will supplement your coverage. The maximum amount of coverage available from Young Life is $4,000.