

# Young Friends Annual Sessions 2024

## "Good News"

August 9<sup>th</sup> – 10<sup>th</sup>, 2024 (Check in 8 pm - Pick up 8:30 – 9:00 pm)

Please check one:

Final Deadline: July 29<sup>th</sup>

**Young Friend**  
(7<sup>th</sup> – 12<sup>th</sup> Grade)  
Cost: \$20 / Person

**Chaperone for Young Friends**  
(Freshman in College & Up)  
Cost: \$0 / Person

**Please complete and return with full payment ASAP for reserved spot!**

PLEASE PRINT

Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in School for '24-'25: \_\_\_\_\_  
(Month / Day / Year)

Parent(s) or Guardian(s) \_\_\_\_\_

Do you attend a Friends Meeting:  Yes  No Meeting/Church you attend \_\_\_\_\_

Roommate request: (up to 4 people) \_\_\_\_\_

Accommodations: QLC Cabins – Still bring all your bed items you will need.  
Package includes 1 NIGHT, ALL MEALS AND SNACKS at the Camp.

### MEDICAL INFORMATION FORM FOR EVERYONE

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

Policyholder's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medications Participant is using under doctor's orders \_\_\_\_\_

Allergies or other health problems \_\_\_\_\_

Emergency Contact #'s \_\_\_\_\_

In the event it becomes necessary to seek medical attention for \_\_\_\_\_  
during the period she/he is a participant in this event, I hereby authorize the leaders to execute the proper treatment for the above  
participant.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**ALL PARTICIPANTS UNDER AGE 18 ARE REQUIRED TO HAVE PARENT/GUARDIAN SIGNATURE**

**Make checks payable to FCNC designating for Young Friends Annual Sessions and mail to:  
PO BOX 4240, Archdale, NC 27263**

### CREDIT CARD PAYMENT

Account Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ CVC # \_\_\_\_\_ (3 digit) Zip: \_\_\_\_\_  
(PLEASE PRINT)

(SIGNATURE)

This transaction will appear on your statement as charged to NC Yearly Meeting. This information will be kept confidential in a secure location.

# Event Guidelines

- Everyone is expected to follow all guidelines, and failure to do so will result in disciplinary action.
- If you need to be gone at any time during the event, to work or other obligations, you need to arrange your schedule in advance with the directors at registration.
- I realize that photographs, video, articles, statements, names, music or art by my child will be used in promoting other Friends Church of North Carolina activities.
- Respect all other participants and their property, as well as, the property of the facilities.
- At lights out everyone is expected to be in their own room/cabin.
- Attendance is expected at ALL scheduled activities.
- Everyone is expected to clean up their own room/cabin and leave furniture arranged as it was found.
- If you are taking prescription drugs of any kind you must report this to the directors in charge of the event.
- It is not acceptable during events to perform bodily alterations such as piercing, tattooing, hair coloring/cutting, or any other major variation.
- Cell phone usage for calls, texts, or internet is not permitted during any scheduled activities.
- Recognizing the way that I portray this event affects myself and others, all information (status updates, tweets, pictures, videos, etc.) related to this event that I post on the internet (Facebook, Twitter, Social Media, etc.) will be positive, of good taste and reflect Christian character.

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## **\*ABSOLUTES\***

(Disciplinary action will be sending you home at your expense!)

- **No possession or use of tobacco products (cigs, dip, chew, etc.), alcohol, or non-prescription drugs, knives, firearms, or fireworks.**
- **Sleeping areas are off limits to members of the opposite sex.**

**\*\*\* I have read the above guidelines and agree to follow them at the event.\*\*\***

\_\_\_\_\_

Printed name of Participant

\_\_\_\_\_

Signed name of Participant

\_\_\_\_\_

Date

\_\_\_\_\_

Printed name of Parent / Guardian

\_\_\_\_\_

Signed name of Parent / Guardian

\_\_\_\_\_

Date

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