



**Note:** The following may be filled out by the applicant's parent/guardian. (If printed, please use blue or black ink.)

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## MEDICAL

Indicate any of the following that currently apply. All answers will be held in strict confidence. Use a separate page if necessary.

- Ear infections     Sinusitis  
 Bedwetting     Frequent colds/sore throats  
 Seizures     Restricted activities: \_\_\_\_\_  
 Fainting    \_\_\_\_\_  
 Sleepwalking    Reason for restriction: \_\_\_\_\_  
 Bronchitis    \_\_\_\_\_  
 Asthma     Other: \_\_\_\_\_

### Allergies:

- Medications: \_\_\_\_\_  
 Foods: \_\_\_\_\_  
 Insects: \_\_\_\_\_  
 Other: \_\_\_\_\_  
Type of reaction: \_\_\_\_\_  
Treatment: \_\_\_\_\_

**IMPORTANT:** Please notify the camp if applicant is exposed to any communicable illness during the three weeks prior to camp.  
**MEDICAL INSURANCE CARRIER AND POLICY NUMBER:**

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## PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_ Relation to camper \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Who has custody of applicant?  Father  Mother  Both  Other \_\_\_\_\_

If parent/guardian cannot be reached, we should contact:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

The person(s) authorized to pick up camper after camp:

Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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## PARENT/GUARDIAN AUTHORIZATION

As parent and/or legal guardian of the applicant, I am in favor of the applicant attending camp and participating in all activities unless otherwise specified in writing. I hereby release the camp and its staff from liability in case of accident or illness, and I understand I am responsible for any charges incurred in treatment of my child's illness. In case of emergency, I understand an attempt will be made to contact me. I hereby give permission to the medical personnel selected by the camp directors to administer natural remedies as deemed appropriate and/or to hospitalize and administer anesthesia and medications as required, or perform surgery on my child. I also give permission for Young Disciple Ministries to use pictures taken of my child during camp for promotional and/or illustrative purposes.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\*If signing this form digitally, you agree that typing your name on the line above will represent your signature and indicate your agreement to the above statement. You also acknowledge that you are the parent/guardian of the applicant, signing for yourself, and are not the applicant signing on behalf of the applicant's parent/guardian.

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## FINANCIAL INFORMATION

### Billing Information:

Full name: \_\_\_\_\_ Billing email<sup>1</sup>: \_\_\_\_\_

CAMP FEES (*Add \$370 per week*) ..... \$ \_\_\_\_\_

AIRPORT PICKUP (*Add \$15*) ..... \$ \_\_\_\_\_

AIRPORT DROP-OFF (*Add \$15, this includes a sack lunch*) ..... \$ \_\_\_\_\_

LATE APPLICATION FEE (*Add \$20 if application/payment is postmarked after June 12, 2019*) ..... \$ \_\_\_\_\_

GLUTEN-FREE MEALS (*Add \$15 per week needed; this fee will be charged if campers eat reserved GF food*) ..... \$ \_\_\_\_\_

CAMPER BANK DEPOSIT<sup>2</sup> ..... \$ \_\_\_\_\_

OPTIONAL DONATION ..... \$ \_\_\_\_\_

**Total fees:** ..... \$ \_\_\_\_\_

SIBLING DISCOUNT (*Subtract \$15 per week<sup>3</sup>*) ..... \$( \_\_\_\_\_ )

STAFF DISCOUNT (*One-time \$35 discount if a parent/guardian is serving as a staff volunteer*) ..... \$( \_\_\_\_\_ )

CASH DISCOUNT (*Pay all camp fees in full by **check** with camper application to get a one-time \$10 discount*) ... \$( \_\_\_\_\_ )

**Total due:** ..... \$ \_\_\_\_\_

<sup>1</sup> Please provide the email address receipts and financial correspondence should be sent to. If you prefer receiving financial correspondence in the mail, leave this space blank.

<sup>2</sup> Add the amount you would like to deposit in the camp bank for store purchases. Balance remaining at the end of camp will be returned to camper.

<sup>3</sup> If you and your sibling(s) attend camp for one week, you may each subtract \$15. If you and your sibling(s) attend two weeks, you may each subtract \$30.

### PAYMENT DUE DATES

- \$50 application deposit, due with application.
- Any remaining camp fees, due June 12, 2019.
- Class fees (if applicable), due at on-site camp registration July 14 and/or 21, 2019.

### Please check all payment options that apply:

- I will send a check for the \$50 application deposit (application will be on hold until payment is received).
- I will send a check for \$ \_\_\_\_\_ .
- I will pay the \$50 application deposit now. Click [here](#) to make a secure online credit card payment.
- I will pay the \$50 application deposit now (click [here](#) to make a secure online credit card payment) and authorize Young Disciple Ministries to charge any remaining balance on June 12, 2019 to the same card.
- Other: