

Note: The following may be filled out by the applicant's parent/guardian. Please print using blue or black ink.

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:

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 _____

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

FINANCIAL INFORMATION

Billing Information

Full name: _____ Billing email¹: _____

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 10, 2020) \$ _____

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

CAMPER BANK DEPOSIT². \$ _____

OPTIONAL DONATION \$ _____

Total fees: \$ _____

SIBLING DISCOUNT (Subtract \$15 per week³). \$(_____)

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: \$ _____

¹ 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.

² 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.

³ 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 10, 2020.
- Class fees (if applicable), due at on-site camp registration July 12 and/or 19, 2020.

Please check all payment options that apply:

- Enclosed is a check for the \$50 application deposit. I will pay the balance by June 10, 2020.
- I have enclosed a check for _____ now and will pay the balance (if applicable) by June 10, 2020.
- Please charge the \$50 application deposit now to the card listed below. I will pay any remaining fees by June 10, 2020.
- Please charge the remaining balance to the card listed below on June 10, 2020.
- Please charge _____ now to the credit card listed below. I will pay any remaining fees by June 10, 2020.
- Please charge all the camp fees now to the credit card listed below.

CREDIT CARD INFORMATION

(Note: Please fill in all blank spaces for processing credit card payments. We accept Visa, MasterCard, Discover, and American Express.)

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____ / _____

NAME ON CARD: _____ BILLING ZIP: _____

CARDHOLDER SIGNATURE: _____

By providing your credit card information you authorize us to charge this card for the amounts indicated above.