



Camper Application 2018

Young Disciple Youth Bible Camp

Mail application with payment to: **YOUNG DISCIPLE CAMP**, PO Box 400, Inchelium, WA 99138

Note: The following must be personally filled out by the applicant. **Please print using blue or black ink.**

I AM APPLYING TO ATTEND:

Week 1 (July 15–22)

Week 2 (July 22–29)

Full Name: _____ Phone: _____
First Last

Mailing Address: _____
Street/PO Box City State Zip

Current Age: _____ Birthday (month/day/year): _____ Circle one: Male / Female

Email: _____

If possible, I would like to room with (list up to three close to your age/grade): _____

IMPORTANT QUESTIONS:

1. What grade will you be entering this fall? _____ What school do you attend? _____

2. What church do you attend? _____ Are you a baptized member? _____

3. Number from 1–7 the reasons you are applying (1 being the most important)

_____ Make new friends _____ Have fun _____ Learn new skills

_____ Get spiritual blessings _____ Recommended by friends _____ Decision of parents

_____ Other: _____

CAMPER AGREEMENT:

I have carefully read the application brochure or application information at www.youngdisciple.org. As the applicant, I agree to abide by all the camp codes and guidelines, and to cooperate fully with the counselors and other staff. I understand that if I fail to do so, I may be sent home at my expense and forfeit all camp fees.

CAMPER SIGNATURE

DATE

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

PARENT/GUARDIAN INFORMATION:

Name Relation to camper Home Phone Cell Phone Work Phone

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Who has custody of applicant? Father Mother Both Other _____

If parent/guardian cannot be reached, contact:

Name Home Phone Cell Phone Work Phone

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

Name Home Phone Cell Phone

MEDICAL:

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Sinusitis | Allergies: |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Frequent colds/sore throats | <input type="checkbox"/> Medications: _____ |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Restricted activities: _____ | <input type="checkbox"/> Food allergy/intolerance: _____ |
| <input type="checkbox"/> Fainting | Reason for restriction: _____ | <input type="checkbox"/> Insects: _____ |
| <input type="checkbox"/> Sleepwalking | _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bronchitis | _____ | Type of reaction: _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other: _____ | Treatment: _____ |

IMPORTANT: Please notify the camp if applicant has been exposed to any communicable illness during the three weeks prior to camp.

MEDICAL INSURANCE CARRIER AND POLICY NUMBER:

FINANCIAL INFORMATION:

- CAMP FEE: \$370 per week..... \$ _____
- AIRPORT PICKUP: \$15..... \$ _____
- AIRPORT DROP-OFF: \$15 (includes sack lunch)..... \$ _____
- LATE APPLICATION FEE: \$20 if postmarked after June 14, 2018..... \$ _____
- GLUTEN-FREE MEALS: \$15 per week..... \$ _____
- CAMPER BANK DEPOSIT: *..... \$ _____
- OPTIONAL DONATION: \$ _____

SUBTOTAL \$ _____

SIBLING DISCOUNT: Subtract \$15 per week**..... \$(_____)

STAFF DISCOUNT: One time \$35 discount if a parent/guardian is serving as a staff volunteer \$(_____)

CASH DISCOUNT: One time \$10 discount if regular camp fees are paid in full by **check** at time of application \$(_____)

TOTAL \$ _____

TOTAL ENCLOSED \$ _____

Billing Information:

Name & Email (for billing and invoice): _____

Address: _____

Please check all payment options that apply:

- Enclosed is a check for \$50 to cover the application deposit. I will pay the balance by June 14, 2018.
- I have enclosed a check for _____ now and will pay the balance (if applicable) by June 14, 2018.
- Please charge the \$50 application deposit to the credit card listed below. I will pay the remainder of the camp fees by June 14, 2018.
- Please charge the remaining balance to the card listed below on June 14, 2018.
- Please charge the entire camp fees now to the credit card listed below (Visa, MasterCard, Discover, or American Express):

CREDIT CARD NUMBER: _____

EXPIRATION DATE: ____/____/____ NAME ON CARD: _____

*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.

** 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.

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