

Note: The following may be filled out by the applicant's parent/guardian. (If printed, please use 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

*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.

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 12, 2019)	\$ _____
GLUTEN-FREE MEALS (Add \$15 per week needed; this fee will be charged if campers eat reserved GF food)	\$ _____
CAMPER BANK DEPOSIT ²	\$ _____
OPTIONAL DONATION	\$ _____
Total fees:	\$ _____
SIBLING DISCOUNT (Subtract \$15 per week ³)	\$(_____)
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 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:

Form Submission: Once you have completed this form, please save it to your computer, and then attach it to an email and send it to ydcamp@youngdisciple.org. Thank you!