



CAMPER APPLICATION 2012 YOUNG DISCIPLE YOUTH BIBLE CAMP

PLEASE PRINT. This application must be *personally* filled out and completed by the *applicant*.

NAME					PHONE (Circle one: Home / Cell)	
MAILING ADDRESS				CITY	STATE	ZIP
CURRENT AGE	BIRTHDAY (MONTH/DAY/YEAR)	GENDER M / F	E-MAIL ADDRESS		LODGING REQUEST (ONE CHOICE CLOSE TO YOUR AGE/GRADE)	
NAME OF FATHER (OR GUARDIAN)			HOME PHONE	CELL PHONE	WORK PHONE	
OCCUPATION	ADDRESS		CITY	STATE	ZIP	
NAME OF MOTHER (OR GUARDIAN)			HOME PHONE	CELL PHONE	WORK PHONE	
OCCUPATION	ADDRESS		CITY	STATE	ZIP	
PERSON TO CONTACT IN CASE PARENT CANNOT BE REACHED					PHONE NUMBER (Circle one: Home / Work / Cell)	
PERSON(S) AUTHORIZED TO PICK UP APPLICANT AFTER CAMP					PHONE NUMBER (Circle one: Home / Work / Cell)	

I AM APPLYING TO ATTEND:

- Outdoors Camp (July 15–22)**

 Missions/Music (July 22–29)

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.com. 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

FINANCIAL INFORMATION:

- BASIC CAMP FEE: \$350 per week \$ _____
- AIRPORT PICKUP* \$20 \$ _____
- AIRPORT DROP-OFF* \$20 \$ _____
- OPTIONAL DONATION: \$ _____
- LATE APPLICATION FEE: \$20 if postmarked after June 11, 2012 \$ _____
- SIBLING DISCOUNT: Subtract \$15 per week for *each* child** \$(_____)
- TOTAL** \$ _____

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 11, 2012.
- I have enclosed a check for _____ now and will pay the balance (if applicable) by June 11, 2012.
- Please charge the \$50 application deposit to the credit card listed below. I will pay the remainder of the camp fees by June 11, 2012.
- Please charge the remaining balance to the card listed below on June 11, 2012.
- Please charge the entire camp fees now to the credit card listed below:

MASTERCARD/VISA NUMBER: _____

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

* It is the camper's responsibility to send a copy of itinerary/ticket well in advance of the pickup date. **IMPORTANT:** Please do not purchase tickets before you are accepted. Campers wishing to use YD's airport pickup/drop-off service must make sure their flight itinerary allows them to arrive at Spokane International Airport on Sunday by 2:30 PM and fly out after 1:00 PM the Sunday of their departure. We cannot offer airport service outside of these times. Avoid using Priceline/Hotwire type reservation services as they do not allow you to specify your arrival and departure times. Check out these sites to compare prices: www.kayak.com, www.travelocity.com, or www.orbitz.com, www.expedia.com. **Applies to immediate family members only. Discount applies to all siblings attending the same summer.

MEDICAL HISTORY:

Indicate any medical history that applies to you. All answers will be held in strict confidence.

- | | | |
|---|---|--|
| <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"/> Foods/Diet restrictions _____ |
| <input type="checkbox"/> Fainting | Reason for restriction: _____ | <input type="checkbox"/> Insects _____ |
| <input type="checkbox"/> Sleepwalking | _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bronchitis | _____ | <input type="checkbox"/> Type of allergic reaction _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Treatment _____ |

IMPORTANT: Please notify the camp if you have been exposed to any serious communicable illness during the three weeks prior to camp.

MEDICAL INSURANCE CARRIER AND POLICY NUMBER:

PARENT'S 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