



REGISTRATION FORM

YOUNG DISCIPLE WILDERNESS CAMP 2012

Basic: July 5–8, Advanced: July 8–12

Overview:

Learn how to survive in the wilds from Bible teacher and wilderness survival instructor Jim Buller. Not only will you learn practical outdoor survival skills, but you'll also dig deep into God's Word to discover what the Bible and Spirit of Prophecy says about our end-time wilderness experience, and how to be spiritually prepared for what is to come. Young Disciple Wilderness Camps are especially for families attending together. Children and teens must either be accompanied by a parent or a camp-approved adult sponsor.

Basic Camp:

Connect with God and nature while living in semi-survival mode and learning hands-on wilderness skills such as: shelter building, fire building and campfire cooking, crafting useful items, wilderness sanitation and hygiene, wild edible plants, direction finding, and more! Interactive worships on end-time issues, and an overnight survival trip are also included. Begins at 1:00 PM July 5, ends at noon July 8. Topics will include: What You Need To Survive, Survival Kit Equipment, Direction Finding, Shelter Building, Wilderness Hygiene & Sanitation, Fire Building, Wild Edible Plants and much more. Each paid attendee will receive an equipment pack (knife, tarp, flint and steel, etc.) as part of the registration fee. Children age 6 and under may share an equipment pack with their accompanying adult family member, or purchase the pack separately.

Advanced Camp:

The advanced program focuses on skills which simply require more time to accomplish. Projects may include: bow-drill, fire making, flintknapping, basket weaving, primitive pottery, strap weaving, primitive netting, and simple metal working. Interactive worships on end-time issues, the opportunity to practice basic wilderness skills, and an overnight trip are also included. The Basic Wilderness Camp is a prerequisite. Begins at 1:00 PM July 8, ends at noon, July 12.

Other Information: More detailed participant information and a packing list will be sent about one month before camp.

Registering for:

Basic Wilderness Camp (July 5–8) Advanced Wilderness Camp (July 8–12)

Participant Information (List name, age, gender, and birthday for each person)

Name	Age	Gender	Birthday
1. _____		M / F	_____
2. _____		M / F	_____
3. _____		M / F	_____
4. _____		M / F	_____
5. _____		M / F	_____
6. _____		M / F	_____

Contact Information

MAILING ADDRESS		CITY	STATE	ZIP
E-MAIL ADDRESS				
HOME PHONE NUMBER		WORK PHONE NUMBER		CELL PHONE NUMBER
PERSON TO CONTACT IN CASE OF EMERGENCY				PHONE NUMBER

FINANCIAL INFORMATION:

- Number of paying participants (age 6 and under free) for **Basic Camp** (\$200 per person): \$ _____
- Number of paying participants (age 6 and under free) for **Advanced Camp** (\$200 per person): \$ _____
- Family discount (subtract \$20 per person, per camp): \$ _____
- Airport pickup (\$20 per person) \$ _____
- Airport drop-off (\$20 per person) \$ _____
- TOTAL** \$ _____

Please check all payment options that apply:

- Enclosed is a check for \$50 per person to cover the application deposit(s). 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 per person application deposit(s) 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 my card listed below on June 11, 2012.
- Please charge the entire camp fees now to my credit card listed below:
MASTERCARD/VISA NUMBER: _____
EXPIRATION DATE: ____ / ____ NAME ON CARD: _____

MEDICAL HISTORY:

List any allergies or medical history/conditions and note which applicant it relates to. All answers will be held in strict confidence.

- | | | |
|---|---|--|
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Sinusitis | Allergies: |
| <input type="checkbox"/> Bed-wetting | <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: _____

AGREEMENT:

I have carefully read the camp standards, objectives, and policies as outlined. I agree to abide by all the camp regulations and policies, and to uphold camp objectives. I will not promote any issue or subject that will cause controversy, division, or discontent among the camp staff, participants, or visitors to the camp. I hereby release the camp from liability in case of accident or illness. I give permission to Young Disciple Ministries to use photographs taken of me during camp for promotional or illustrative purposes.

SIGNATURE for applicant #1

DATE

SIGNATURE for applicant #2

DATE

SIGNATURE for applicant #3

DATE

SIGNATURE for applicant #4

DATE

SIGNATURE for applicant #5

DATE

SIGNATURE for applicant #6

DATE