CAMPER APPLICATION

FORWARD BIBLE CAMP
An InFaith Mission

Camper Name_____ Age_____ DOB_____ Gender_____

Address_____ City_____ State_____ Zip_____

Email_____ Dates of Camp_____

Home Church_____ One Cabin Mate Request_____

Parent / Guardian Name_____ Contact Phone Number_____

Authorized driver besides parent/guardian to transport my child from camp: (If there are any changes please send a signed note with your child)

Driver Name_____ Driver Phone Number_____

	Youth Camps		Dates	Cost
☐	2nd & 3rd Grade	Coed	June 18-20	$100.00
☐	4th - 6th Grade	Boys	June 20-23	$130.00
☐	4th - 6th Grade	Girls	June 27-30	$130.00
☐	7th - 9th Grade	Boys	July 10-14	$160.00
☐	7th - 9th Grade	Girls	July 17-21	$160.00
☐	10th-12th Grade	Coed	July 30 – Aug 4	$190.00

Discounts and Financial Aid

- At this time discounts and financial aid are only available with mail-in registration. PayPal is a convenience for you and we pay for it.
- Requests for financial aid must be made by calling the camp at 530-333-4287.
- Bring a friend—When a returning camper brings a new camper, if both applications are mailed in together, each receives a **$20.00** discount.
- Get a **$20.00** early registration discount by getting your application and fees into the camp office by **June 1st**.
- For those who volunteer for at least a week of camp, a discount of **$40.00** may be taken for one camp.

Payment Information

$_____ Total sent with Application

Check No._____

PayPal No._____

$_____ Final Payment

_____ Name of Person Paying

$_____ Amount Still Owed

☐ WILL PAY

☐ SCHOLARSHIP

_____ Check Number

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CAMPER MEDICAL CONSENT FORM

In order to comply with state and county laws we ask for the following Health History/Medical Consent Form to be completed and signed by each person attending Forward Bible Camp.

Please be aware that Forward Bible Camp does NOT provide medical or hospital insurance coverage.

Name_____ Age_____ DOB_____ Gender_____ Ht._____ Wt._____

Address_____ City_____ State_____ Zip_____

Email_____

Emergency Contact_____Relationship _____ Phone (_____)_____

I understand that my photo may be taken at the camp and I authorize Forward Bible Camp to Post these photos on the Forward Bible Camp web site, on Facebook, and use them in other materials to promote Forward Bible Camp.

Please send me Forward Bible Camp Promotional Materials via: ☐ *email* ☐ *postal mail* ☐ *both*

MEDICAL INFORMATION

Forward Bible Camp requests this information in order to provide appropriate medical care in the event of your injury and/or illness while at camp. Forward Bible Camp is committed to protecting the confidentiality of this information.

Do you carry family medical/hospital insurance? YES ___ NO ___

Insurance Carrier_____ Policy #_____

Name of Responsible Party_____

Address_____ Phone (_____)_____ Relationship _____

Name of Family Physician_____ Phone (_____)_____

Name of Family Dentist_____ Phone (_____)_____

Date of last Tetanus Shot_____ Are all immunizations up to date? YES ___ NO ___

If NO, please attach explanation.

_____

_____

Has camper been exposed within last 3 weeks to any kind of Communicable Disease? YES ___ NO ___

If YES, please attach explanation.

_____

_____

Please List ALL Allergies: Drug_____ Insect / Plant_____

Food_____ Diet Restrictions_____

List Medications Camper will require while at camp <u>and reason for taking the medicine :</u>

_____

_____

_____

PLEASE TURN OVER >>>

General Health History: ***Check "Yes" or "No" for each statement. Explain "Yes" answers below.***

Has/does the camper:	YES	NO
1. Ever been hospitalized?	○	○
2. Ever had surgery?	○	○
3. Have recurrent/chronic illnesses?	○	○
4. Had a recent infectious disease?	○	○
5. Had a recent injury?	○	○
6. Had asthma/wheezing/shortness of breath?	○	○
7. Have diabetes?	○	○
8. Had seizures?	○	○
9. Had headaches?	○	○
10. Wear glasses, contacts, or protective eyewear?	○	○
11. Had fainting or dizziness?	○	○
12. Passed out/had chest pain during exercise?	○	○
13. Had mononucleosis ("mono") during the past 12 months?	○	○
14. Have problems with falling asleep/sleepwalking?	○	○
15. Ever had back/joint problems?	○	○
16. Have any skin problems?	○	○
17. Traveled outside the country in the past 9 months?	○	○

Please explain "Yes" answers in the space below, noting the number of the question. For travel outside the country, please name countries visited and dates of travel.

_____

_____

_____

By signing this form I give my informed consent to the First Aid personnel assigned by Forward Bible Camp, Inc. who are certified in a minimum of CPR and First Aid by a nationally recognized provider in accordance with ACA standard HW-1 to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Forward Bible Camp, Inc. to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Forward Bible Camp, Inc. to secure and administer any and all medical treatment deemed necessary for _____,
CAMPER NAME
including hospitalization. This completed form may be photocopied for trips away from Forward Bible Camp, Inc. properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of_____. I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of me. I authorize Forward Bible Camp, Inc. to allow _____ to participate in any and all activities that may
CAMPER NAME
include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my participation in these activities can expose myself to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself and any other party who may have the right to assert any rights for or on my behalf, do hereby forever release and discharge, indemnify and hold harmless Forward Bible Camp Inc., its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my participation in Forward Bible Camp, Inc.'s camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature _____ **Date**_____

Parent or Guardian Signature **or Camper if 18 years old or more**