

**2017 Camper Application**

**PLEASE PRINT CLEARLY**

(From must be completed or application will not be processed)

LAST NAME: \_\_\_\_\_ FIRST \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Church you are attending with \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone# \_\_\_\_\_

Parents/Guardian \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (h) \_\_\_\_\_

(w) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

**Medical Information:** All prescription medication must be in its original container labeled with the camper's name. Over the counter medication, vitamins, herbals and food supplements must be in original packaging. All medication, including vitamins, etc. must be turned into the nurse at the start of camp.

Medical Problem of Applicant \_\_\_\_\_

Medications Brought to Camp \_\_\_\_\_

Allergies: ( ) Medications \_\_\_\_\_ ( ) Food \_\_\_\_\_ ( ) Bee Stings ( ) Other \_\_\_\_\_

Family Physicians \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Consent:** I DO HEREBY STATE THAT I HAVE LEGAL CUSTODY OF THIS CHILD, A MINOR. WHILE THIS MINOR IS A REGISTERED CAMPER AT THE 2017 SOUTHWEST REGIONAL NATIVE YOUTH SUMMER CAMP, I HEREBY AUTHORIZE ANY DIRECTOR, STAFF MEMBER, NURSE, DEAN, LIFEGUARD, OR OTHER RESPONSIBLE PERSON OF SAID CAMP TO CONSENT TO X-RAY, EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE, TO BE RENDERED TO THIS MINOR UNDER THE SUPERVISION AND ADVISE OF ANY PHYSICIAN OR SURGEON LICENSED TO PRACTICE IN THE STATE OF ARIZONA, WHEN SUCH MEDICAL OR SURGICAL TREATMENT IS NECESSARY. I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ALL EXPENSES AND CHARGES INCURRED TO THE EXTENT NOT COVERED BY APPLICABLE INSURANCE.

**Activity consent:** I GIVE MY PERMISSION FOR MY CHILD TO PARTICIAPATE IN ALL CAMP-RELATED ACTIVITIES INCLUDING BASKETBALL, VOLLYBALL, HIKING, CLIMBING WALL, ROPES COURSE, SWIMMING, ETC. PERMISSION IS GIVEN TO NATIVE AMERICAN FELLOWSHIP OF THE ASSEMBLIES OF GOD TO USE PHOTOGRAPHS (INDIVIDUAL OR GROUP) AND/OR MULTIMEDIA IMAGES AND RECORDINGS IN THE BEST INTEREST OF THE NATIVE AMERICAN FELLOWSHIP OF THE ASSEMBLIES OF GOD.

\_\_\_\_\_  
(Signature of Parent//Guardian) **REQUIRED**

\_\_\_\_\_  
(Signature of Pastor) **REQUIRED**

I Promise to meet the camp standards of conduct as outlined in the guidelines. My signature below is my agreement to comply.

\_\_\_\_\_  
(Signature of Camper) **REQUIRED**  
**(Make as many copies as needed)**