



Camper Application

July 27-31, 2016

(Complete a separate application for each camper)

OFFICE USE ONLY

Date Rec'd _____

Deposit Paid _____

ATTACH RECENT PHOTOGRAPH HERE

Applicant Information

First Name _____ Last Name _____

Address _____ Male Female

City _____ Birthday ___/___/___

State _____ Zip Code _____ Home Phone () _____ - _____

Parent/Guardian name(s): _____ Work Phone () _____ - _____

Parent E-mail Address: _____ Cell Phone () _____ - _____

Camper E-mail Address: _____ Grade Level Fall 2016 _____

First time Camper at this Camp 2 or more years Other Camp

Do you attend church (Y/N): Church Affiliation/Congregation Name: _____

Check all that apply: I consider myself a Christian I believe in God and sometimes pray to/think of Him

I want to learn more about God God is not a part of my life right now

T-shirt Size Junior Campers:

Youth Med. Youth Large

Senior Campers (chest measurements / adult size):

S (34-36) M (38-40) L (42-44) XL (46-48) XXL (Over 48)

Camp Dates & Tuition

CAMP SESSION:	ARRIVAL DATE:	DEPARTURE DATE:	TUITION:
<input type="checkbox"/> Sr Camp (Ages 12-17)	WED, JULY 27 5 PM	SUN, JULY 31 1 PM	\$160.00
<input type="checkbox"/> Jr Day Camp (Ages 5-11)	SAT, JULY 30 10 AM	SAT, JULY 30 6:30 PM	\$40.00
<input type="checkbox"/> Jr Overnight Camp (Ages 8-11)	FRI, JULY 29 5 PM	SUN, JULY 31 1 PM	\$60.00

DEADLINE: Due to meal preparation and purchase of shirts and supplies, **NO applications will be accepted or processed after July 1, 2016.**

BE A FRIEND...BRING A FRIEND! If you invite a friend who has never attended one of our camps before, you may get a \$10 credit toward tuition (friend must apply and meet acceptance criteria).

Tuition Deposit and Payment (Includes food, lodging and 2 T-shirts to be worn at camp)

Tuition: (Please select \$160 for Senior Camp, \$40 for Jr. Camp or \$60 for Overnight Jr. Camp) \$160.⁰⁰ / \$40.⁰⁰ / \$60.⁰⁰

Tuition Deposit (Non-refundable deposit required with application and applied to tuition payment): _____ \$25.⁰⁰

Bring a Friend Credit [Friends' name(s)] _____ -\$ _____

TOTAL REMAINING TUITION OWED (MUST BE POSTMARKED ON OR BEFORE 07/1/2016): _____ \$ _____

Make checks or credit card (online) payable to Base Camp NW and mail along with application to:

Base Camp NW, Director
PMB 277
922 NW Circle Blvd, Ste. 160
Corvallis, OR 97330-1483

There are a limited number of beds available for camp. To hold a space at camp, a non-refundable tuition deposit of \$25 is immediately required (make checks payable to Base Camp NW). Applicant must submit the balance of tuition payment by the July 1st deadline in order to attend camp. **Visa/Mastercard - go to website.**

Parental Consent and Photo Release

Does the applicant have a condition that limits or prohibits applicant's physical activity? ___YES ___NO

If yes, please explain below. If no response is given, we will assume that the applicant can engage in all camp related activities.

For parents/guardians of minor applicants (those 17 years of age and younger):

I hereby give Base Camp NW, a chartered entity of Grace Communion International, permission to have my child participate in all activities at camp, unless specifically limited above. I give permission for my child to be transported off the camp property to camp-related activities.

For the applicant: Base Camp NW may use any photos and video taken of the applicant at our summer camp event in their publications or those of their sponsor, Grace Communion International.

Parent/Guardian's Signature
(Required)

Date

Parent/Guardian's Signature
(Additional signature, if available)

Date

Applicant's Signature

Date

Printed Name

Printed Name

Printed Name

Application Process

APPLICATION PROCESS: Applications will be reviewed as they are received. Upon receipt of completed application and either payment in full [\$160 for senior campers, \$60 for junior overnight campers or \$40 for junior day campers] OR \$25 non-refundable deposit, an acceptance packet with specific camp information and tuition statement will be sent to camper/parent. The \$25 deposit will reserve a space. FINAL DEADLINE for all applications is July 1, 2016.

SPACE AVAILABILITY: Spaces will be filled as non-refundable \$25 deposits are received on a first-come, first-served basis.

APPLICATION CHECKLIST:

- Fill out application completely and attach either payment in full or \$25.00 non-refundable deposit (make checks payable to: Base Camp NW). Or pay by credit card online.
- Attach photo of applicant (photocopies are acceptable)
- Attach copy of insurance card (if applicable)
- Applicant sign and obtain parent/guardian signature

Mail the application and fees to:
(See website for credit card
payment option).

Base Camp NW, Director
PMB 277
922 NW Circle Blvd, Ste. 160
Corvallis, OR 97330-1483

While Base Camp NW is sponsored by Grace Communion International, our primary goal is to promote Jesus Christ and His way of life to all participants. Campers come from a number of denominations, and pastors from other participating churches have found that our camp is far more "Kingdom oriented" than denominational. Campers and staff of all nationalities, races and denominations are encouraged to join us as we share in Christian worship and community life.

Medical Release & Parental Permission Form

As parent/guardian, I hereby give my permission for _____,
(full name of child)

who will be age ____ on the day the event begins, to participate in a summer camp hosted by Base Camp NW which is to be held **July 27 - 31, 2016**. With my dated signature, I grant this permission and certify the statements and information provided in items 1 through 6 that appear above that signature,

1. ACCEPTANCE OF CAMP CONDITIONS: I understand and agree to the condition of the event venue as described in the camp brochure and materials provided with the application. I give permission for my child to participate under these conditions, including Photo/Video Release, Standards Agreement, schedule of activities, and material to be presented.

2. DISCLOSURE OF SPECIAL HEALTH CONDITIONS: The following is a list of my child's special health conditions and needs, which event staff needs to be aware of (list here such things as medications, history of seizures, heart condition, diabetes, motion sickness, allergies, etc. (please use the back side of this sheet if needed): _____

3. RELEASE OF LIABILITY REGARDING SPECIAL HEALTH CONDITIONS: I submit that the above mentioned special health conditions and instructions are needed for my child while at the event. I understand that, although event personnel will seek to help accommodate these special conditions, such as by giving medications and/or by seeking to take appropriate precautions etc., nonetheless, by sending my child to the event with these conditions:

- I acknowledge that I understand the event is not equipped to monitor or supervise such special conditions or needs as would the parent if he/she were present.
- I certify it is safe for my child to participate in all event activities notwithstanding the special conditions, and notwithstanding any possible lapse in medication, or possible interaction with other people or circumstances that may affect the special conditions.
- I release and indemnify the event from all claims and liability stemming from the special conditions, including, without limitation, any claim, illness, or injury, resulting from the event's failure to properly administer medicines for the special conditions, failure to recognize a situation which might be potentially harmful to a person with the special conditions, or failure to recognize the onset of an episode of the special conditions.

4. PERMISSION TO SECURE EMERGENCY SERVICES: I give permission to event staff to secure usual and customary medical and/or legal services for my child if needed in an emergency circumstance at the event. I as parent/guardian will be responsible for the costs of such services if not covered by my insurance.

5. INSURANCE COVERAGE: My child is covered by medical insurance: ____YES____NO

If yes, list the name of the insurance company: _____ and the policy number: _____.

Attach copy of insurance card. I understand that if my child has no health/accident/medical insurance coverage, I will be responsible for the payment of all expenses which may be incurred due to treatment at the event of an illness or injury.

6. EMERGENCY CONTACTS: During the event I may be contacted day or night as follows:

(name) (relationship)

(_____) _____
(evening phone number) (day phone number)

If I cannot be reached in an emergency, the following two individuals will know of my whereabouts and/or have my permission to represent my wishes regarding medical or other emergency care for my child:

(name) (relationship)

(_____) _____
(evening phone number) (day phone number)

(name) (relationship)

(_____) _____
(evening phone number) (day phone number)

* Signed: _____ Date: _____
(signature of parent or legal guardian)

Printed Name: _____