



# Camper Application

July 20-23, 2017

(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:

Youth Med.  Youth Large

### (chest measurements / adult size):

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

## Camp Dates & Tuition

### CAMP SESSION:

Camp (Ages 10-17)

### ARRIVAL DATE:

THURS, JULY 20 5 PM

### DEPARTURE DATE:

SUN, JULY 23 12 PM (NOON)

### TUITION:

\$95.00 per camper

**DEADLINE:** Due to meal preparation and purchase of shirts and supplies, **NO applications will be accepted or processed after June 18, 2017.**

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

Tuition: (DUE BY JUNE 18TH)

\$95<sup>00</sup>

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

Base Camp NW  
PO Box 24122  
Eugene, OR 97402

There are a limited number of spots available for camp. Applicant must submit the balance of tuition payment by the June 18th deadline in order to attend camp. Make checks payable to Base Camp NW.

**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.

Is your child a swimmer or non-swimmer? \_\_\_YES \_\_\_NO

### 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 payment in full [\$95], an acceptance packet with specific camp information and tuition statement will be sent to camper/parent.  
**FINAL DEADLINE for all applications is June 18, 2017.**

**SPACE AVAILABILITY:** Spaces will be filled on a first-come, first-served basis.

### APPLICATION CHECKLIST:

- Fill out application completely and attach payment in full (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  
PO Box 24122  
Eugene, OR 97402

*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 20-23, 2017**. 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, transportation, 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 ADMINISTER PRESCRIPTION MEDICATIONS WHEN APPLICABLE:** I give my permission to have the registered nurse administer prescribed medications to my child at camp.

**5. 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.

**6. 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.

**7. 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: \_\_\_\_\_