

YOUTH CAMP APPLICATION 2008

STEP 1 Check the camp(s) you plan to attend

Basic Youth Camps

Camp	Age	Date	Cost
<input type="checkbox"/> Adventurer Camp	8-10	June 22-29	\$270.00
<input type="checkbox"/> Teen Camp	13-16	June 29-July 6	\$270.00
<input type="checkbox"/> Junior 1 Camp	11-13	July 6-13	\$270.00
<input type="checkbox"/> Junior 2 Camp	10-12	July 13-20	\$270.00
<input type="checkbox"/> Spanish Camp	Call	July 13-20	\$210.00

Specialty Youth Camps

<input type="checkbox"/> Mission Aviation	14-17	June 22-29	\$590.00
<input type="checkbox"/> Extreme Teen	13-16	June 22-29	\$285.00
<input type="checkbox"/> Teen Wakeboard 1	13-16	June 22-29	\$320.00
<input type="checkbox"/> Teen Cowboy	13-16	June 22-29	\$285.00
<input type="checkbox"/> CIT (References Required)	15+	June 22-29	\$140.00
<input type="checkbox"/> Extreme Tween	12-14	June 29-July 6	\$285.00
<input type="checkbox"/> Junior Cowboy 1	12-14	June 29-July 6	\$285.00
<input type="checkbox"/> Tween Wakeboard	12-14	June 29-July 6	\$320.00
<input type="checkbox"/> Junior Cowboy 2	10-12	June 29-July 6	\$285.00
<input type="checkbox"/> Teen Wakeboard 2	13-16	July 6-13	\$320.00
<input type="checkbox"/> CIT (References Required)	15+	July 20-27	\$140.00

STEP 2 Select 4 Classes (Basic Youth Camps only)

Rank your class choices by marking 1, 2, 3, etc., in the boxes below. You will be assigned **2 or 3** of these based on **availability and schedule**. If you plan to attend a second week, use the "Wk 2" column for your choices.

Wk 1 Wk 2

<input type="checkbox"/>	<input type="checkbox"/>	Archery
<input type="checkbox"/>	<input type="checkbox"/>	Arts & Crafts
<input type="checkbox"/>	<input type="checkbox"/>	Canoeing
<input type="checkbox"/>	<input type="checkbox"/>	Ceramics
<input type="checkbox"/>	<input type="checkbox"/>	Challenge Course**!!
<input type="checkbox"/>	<input type="checkbox"/>	Drama
<input type="checkbox"/>	<input type="checkbox"/>	Geocaching
<input type="checkbox"/>	<input type="checkbox"/>	Guitar
<input type="checkbox"/>	<input type="checkbox"/>	Gymnastics
<input type="checkbox"/>	<input type="checkbox"/>	Horsemanship* !!
<input type="checkbox"/>	<input type="checkbox"/>	Lego Robotics !!
<input type="checkbox"/>	<input type="checkbox"/>	Mountain Biking !!
<input type="checkbox"/>	<input type="checkbox"/>	Model Rocketry
<input type="checkbox"/>	<input type="checkbox"/>	Outdoor Living

Wk 1 Wk 2

<input type="checkbox"/>	<input type="checkbox"/>	Photography
<input type="checkbox"/>	<input type="checkbox"/>	RC Planes(\$40 fee)
<input type="checkbox"/>	<input type="checkbox"/>	Sailing
<input type="checkbox"/>	<input type="checkbox"/>	Sign Language
<input type="checkbox"/>	<input type="checkbox"/>	Skateboarding
<input type="checkbox"/>	<input type="checkbox"/>	Skin Diving
<input type="checkbox"/>	<input type="checkbox"/>	Sport Climbing**
<input type="checkbox"/>	<input type="checkbox"/>	Sports
<input type="checkbox"/>	<input type="checkbox"/>	Swim Lessons
<input type="checkbox"/>	<input type="checkbox"/>	Unicycling
<input type="checkbox"/>	<input type="checkbox"/>	Video Production !!
<input type="checkbox"/>	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	<input type="checkbox"/>	Wakeboard/Waterski!!

* Must have hard soled-shoes and long pants for this class.

** Must be at least 10 yrs old.

!! This class is offered as a 2-period class

(Mountain biking and wakeboard/waterski can also be taken as a 1 period class. Please specify which you would like by writing a "1P" or "2P" for 1 period or 2 periods.)

We do our best to accommodate your requests; however, class schedules are subject to change and many classes fill up.

STEP 3 Fill in Personal Information

Camper Name (First) _____ (Last) _____

Address _____ City _____ ST _____ Zip _____

Home Phone _____ (Circle one) Male Female Age _____

E-mail _____ Birthdate _____

Parent/Guardian Names _____
(Please fill in phone numbers on the next page)

Roommate(s) Request _____

Counselor Request 1st choice _____ 2nd choice _____

Home Church _____ Denomination _____

CAMPER PICK-UP INFORMATION

Person(s) authorized to pickup camper from camp or bus (For additional names, attach another page)

Name _____ Relationship to camper _____ Phone _____

Name _____ Relationship to camper _____ Phone _____

BUS: Please Circle One Choice— None Walla Walla (\$40) Tri-Cities (\$40) Spokane (\$20)
All Fares are round-trip. Sorry, no discounts for one-way trips.

STEP 4 Fill in Financial Information

FEES AND EXPENSES:

Camp you plan to attend _____ Date _____ Amt. \$ _____

Second Week/Additional Class Fee (opt.) _____ Date _____ Amt. \$ _____

Bus Fare (no discount one-way) Amt. \$ _____

Spending money for the store Amt. \$ _____

Offering for church Amt. \$ _____

Child Care \$7.00/hour (for early arrival or late departure) Amt. \$ _____

Camp Photo (\$7.00) Amt. \$ _____

Donation (Circle One) Needy Camper Fund or Camp Development Amt. \$ _____

SUBTOTAL \$ _____

DISCOUNTS:

\$30.00 Discount for Upper Columbia Conference Members -\$ _____

\$20.00 Early Discount (Payment in full by February 19) -\$ _____

\$10.00 Early Discount (Payment in full by May 21) -\$ _____

Multiple Week or Extra Week Discounts

\$5.00 Family Discount off each app for siblings attending the same summer -\$ _____

\$10.00 For each week attending camp after the first regular week fee paid -\$ _____

TOTAL AMOUNT \$ _____

AMOUNT ENCLOSED (\$30.00 minimum non-refundable deposit) \$ _____

(Payments by check, Visa or MasterCard are accepted)

BALANCE DUE \$ _____

For payment by Visa or MasterCard (circle card type) please complete the following information:

Name on Card _____

Amount Billed _____ Expiration Date _____ Card # _____

STEP 5

Fill out health information and emergency authorization on reverse side of this form.

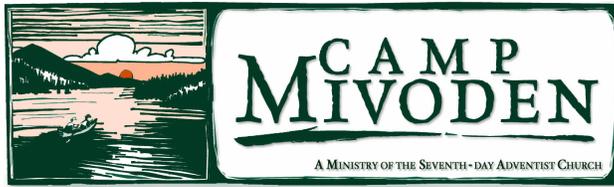
NOTICE! This application is **NOT COMPLETE** until this health form and emergency authorization is filled in and signed.

STEP 6

Mail this application and your payment to the following address;

Camp MiVoden, PO Box 19039, Spokane WA 99219

Please do not mail applications to the camp address



Health, Emergency Authorization and Activity Release Form

STEP 5
Fill in Your Health Record

Camper's Name _____ Age _____ Date of Birth _____

Father's Name _____ Work # _____ Other # _____

Mother's Name _____ Work # _____ Other # _____

Legal Guardian's Name _____ Work # _____ Other # _____
(If applicable)

Allergies (Check all that apply and be specific)

No Allergies

Drugs _____

Plants _____

Bee Stings (What treatment is usual?) _____

Foods (PLEASE LIST)

Other

Immunizations (Month & Year)

Tetanus ____/____

Polio ____/____

TB ____/____

MMR ____/____

Special Conditions (Check all that apply)

Ear Infections

Seizures

Bed-wetting

Fainting

Stomach Upsets

Head Lice

Constipation

Athlete's Foot

Sleep Walking

Other _____

General Health Information

Medications (Medications not received in original containers will be refused.) _____

Activity Restrictions _____

Medical Restrictions _____

Past medical treatments _____

Family Doctor _____ Phone # _____

Emergency Contact Person (In the event you are unavailable or cannot be reached, please list one other person we may contact in the event of an emergency.)

Name _____ Relationship to camper _____

Phone (Home) _____ Phone (Work/Cell) _____

Please attach any other instructions or comments to this form.

Activity Disclosure and Release for Participation in Camp MiVoden's Program – Upper Columbia Conference of SDA

Camp MiVoden has done everything reasonable to assure that our camp programs (including challenge course, rock climbing, zipline, and horsemanship) have been made as safe as possible. However, we wish to inform you that camp activities are not without risk. As in any camp activity, such as challenge course, zip line, rock climbing, or horsemanship, inherent risks exist and may result in serious injury or death. Your camper should only participate after you have read the description of all the activities in the camp brochure and/or other camp materials. Please note, challenge course, zip line, rock climbing and horsemanship are not required activities. Should you not want your camper to participate in any of these specific programs, please list them in writing on a separate sheet of paper and attach it to the application when mailing it in. Phone calls are not acceptable for exclusion. If you have any questions, please call — (509) 838-2761 (ask for information about MiVoden) or during the summer call (208) 772-3484.

Parent/Guardian signature _____ Date _____

Emergency Treatment Authorization

In case of emergency, I hereby give permission to the physician(s) selected by the camp directors to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. As parent or legal guardian of the applicant, I am in favor of him/her attending camp, and accept the conditions named. The health history and application information are correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted. In addition, I have read and understand this **EMERGENCY TREATMENT AUTHORIZATION** statement and give my full consent to the terms found therein. (This form may be photocopied for use out of camp.)

Parent/Guardian signature _____ Date _____

Contract of Release & Assumption of Risk Agreement

By signing below, I acknowledge I have read the above two statements and consent to their conditions. I realize camp activities have inherent risks. I knowingly accept and assume this risk, and agree to release Camp MiVoden, its employees and the Upper Columbia Conference of SDA, and its parent organizations from liability in case of accident or illness. I also agree that photographs and video of the applicant may be used for camp promotional material. I agree to abide by ALL camp regulations and policies and to uphold its objectives.

Parent/Guardian Signature _____ Date _____