

For Campers & Pre Campers ...

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|---|--|
| T-Shirt Size (Adult): ___ S ___ M ___ L ___ XL ___ XX-L T-Shirt Size (Child): ___ S ___ M ___ L ___ XL | <u>Transportation</u> ___ Riding Bus to Camp ___ Riding Bus from Camp ___ Riding Bus to Fiesta Texas ___ Riding Bus from Fiesta Texas ___ Riding to & from Camp with _____ |
|---|--|

Bandina Christian Youth Camp, Inc. Camper Application

August 1st—6th, 2010

| | | | |
|---|-------------------------|-------------------------------|---------------------------------|
| Last Name | First Name | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Mailing Address | City | State | Zip Code |
| Home Phone | Birth Date (mm-dd-yyyy) | Age | Grade ('09-'10 School Year) |
| Parent/Guardian Name | Cell Phone | Work Phone | |
| Parent Email Address (please print clearly) | | | |

Cabin Buddy (you may request 2—they are not guaranteed & must be in the same grade):

_____ or _____

| | | |
|---|----------|--------------|
| Name of Friend/Relative not at Camp in case of Emergency | Relation | Phone Number |
|---|----------|--------------|

Parent Agreement:

- I certify that I am the parent or legal guardian of the child named above. I agree to the conditions and rules outlined for all First Colony Church of Christ activities and Bandina Christian Camp, Inc.
- I agree to bear all costs in the case that my child damages property or is dismissed early from an activity for behavior problems.
- I hereby authorize the sponsors to engage the services of a physician and/or hospital for the emergency treatment of my son or daughter during this FCCC activity or trip as needed. I agree to bear the cost of such treatment rendered.
- I hereby agree that the First Colony Church of Christ, its elders, ministers & directors and Bandina Christian Youth Camp, Inc. and the officers, employees and volunteers thereof shall in no way be liable for any damage or injury arising out of the participation of my child in this FCCC activity (including transportation and swimming).
- I ___ Agree ___ Do Not Agree to give First Colony Church of Christ permission to use my son's/daughter's photo to be used for future FCCC publicity & publications including publicity on the First Colony Church of Christ website, www.firstcolonychurch.org and/ or other websites for events my child/teen attends with First Colony Church of Christ.
- I ___ Agree ___ Do Not Agree to give permission for my child to swim while at Camp.

| | |
|------------------------------|------|
| Signature of Parent/Guardian | Date |
|------------------------------|------|

Camper Agreement:

- I will commit to living a godly life and being a leader at home, at church and at school.
- I will commit to abstain from cursing, smoking, drinking, using drugs, any sexual relationship or anything that would make others question my commitment to Christ.
- I commit to come to Camp with a good attitude and participate in all the activities.

| | |
|---------------------|------|
| Signature of Camper | Date |
|---------------------|------|

2010 Bandina Christian Youth Camp, Inc. Nurse Information

August 1st – 6th, 2010

_____ Camper Staff

_____ Name (Last/First) _____ Date of Birth (mm-dd-yyyy)

_____ Name of Friend/Relative not at Camp _____ Relation _____ Phone Number
in case of Emergency

_____ Doctor's Name _____ Doctor's Phone Number

_____ Dentist's Name _____ Dentist's Phone Number

_____ Insurance Name _____ Name of Insured _____ Insurance Phone Number

_____ Insurance ID # _____ Insurance Group #

_____ Home Phone _____ Work/Other Phone _____ Cell Phone

Allergies & Medical Conditions:

| | Yes | No | Allergy | Reaction |
|--|-------|-------|---------|----------|
| Do you have allergies (food, medicine, wasps, etc.)? | _____ | _____ | _____ | _____ |
| | | | _____ | _____ |
| | | | _____ | _____ |

Have you had any surgery or have any chronic illness we need to be made aware of (heart, lung/asthma, diabetes, kidney, bladder, neurological, mental, stomach, intestine, liver, thyroid problems, etc.)? If "Yes", please explain:

List any communicable diseases you have or have had:

Immunizations:

Are all immunizations up to date? Yes No Date of last tetanus _____

Medications (Prescription & Over the Counter):

Do you have medicine with you? Yes No

If "Yes", please list all prescription and non-prescription medications you will bring to camp. Note: All medicines must be in original containers. All prescription medications must have original pharmacy label on container with camper's name in order to be dispensed at camp. List daily and as needed medications your child will/may take at camp.

| | Name of Medicine | Strength (mg) | Time to be taken | Reason for Medicine |
|-----|------------------|---------------|------------------|---------------------|
| (1) | _____ | _____ | _____ | _____ |
| (2) | _____ | _____ | _____ | _____ |
| (3) | _____ | _____ | _____ | _____ |

Are there any over the counter medications you do not want your child to take while at Camp Bandina? Yes No
If "Yes", which ones? _____

Remember ... all medicines MUST be in original container with Camper's name on the label in order to be dispensed at camp.

- *I understand that I must turn in all prescription and non-prescription medication to the camp nurse upon departure for camp to prevent them from being within the reach of others. I understand that the camp nurse will administer my medication to me as needed during the week of camp.*
- *I certify that the information given above is true and correct to the best of my knowledge.*

Signature (Staff or Parent/Guardian)

Date

Bandina Camp ... August 1st-6th, 2010

Cost (includes t-shirt, meals, activities & lodging at

camp & transportation)

Max. \$500 per family

(Bandina cost only—Fiesta Texas costs are separate)

_____ \$150/\$160/\$170 (campers)

_____ -1st grade & up—'09-'10 school year)

_____ \$ 60 (staff & pre-campers)

_____ -up through K-'09-'10 school year)

+ _____ \$ 25 Fiesta Texas on Friday

(6th-12th graders ONLY—younger kids can go

ONLY if accompanied by parent)

Price does not include travel meals

(2 meals if NOT going to Fiesta Texas or

3 meals if GOING to Fiesta Texas)

Name: _____

_____ Staff _____ Camper _____ Grade ('09-'10 school year)

_____ Pre Camper (up through K) _____ Age of Pre Camper

Sign up & pay as follows:

\$150—Register through June 6th

\$160—Register through July 18th

\$170—Register through August 1st

Make checks payable to FCCC

Return envelope with all application forms &

\$50 deposit (per person) to FCYG Central

or mail to the church office.