

2011 FALCON YOUTH CAMP Camper Application

Faxed applications will not be accepted.

(Please type or print legibly) **Payment made by:** applicant church candy scholarship sales

High School (Grades 9-12) (June 16-19) Middle School (Grades 6-8) (June 19-23) Omega Elementary (Grades 4-5) (June 12-16) Alpha Elementary (Grades 1-3) (June 9-12)

*** The camp your child attends is based on the grade that they are completing! ***

Gender _____ Date of Birth _____ Age _____ School Grade: _____
Mo Day Year 2010-2011 year

Camper's Name _____
First Middle Last

Telephone: Home () _____ Office () _____ E-Mail Address _____

Address _____
Street or PO Box City State Zip Code

ONLY "Early Bird" registrants (on or before May 16, 2011) will be considered for room preferences. If this applies to you, with whom would you like to share a room? _____

Name of Church: _____ Scholarship Camper? yes no

Pastor's Name: _____ First-Time Camper? yes no

T-shirt Size: CS CM CL AS AM AL XL 2X 3X 4X

Amount Paid: On/Before May 15 (\$125) After May 15 (\$155) Daycamper (\$85) Child of Staff Member (\$75)

Payment & Refund Policy: All applications must be accompanied by the proper payment and/or scholarship. Scholarship campers that register after May 16 will be responsible for their \$30 late fee. If a student does not attend the camp for which he or she is registered and does not give at least 7 days' notice, there will be no refund given. In order to receive a refund, the Discipleship Ministries office must receive the cancellation and refund request at least 7 days prior to the first day of the camp for which that student is registered. However, in the event of refund, there will be a 20% administration fee deducted from the refund amount. **IMPORTANT: If your child will need to arrive at camp late due to inclement weather make-up days at their school, we will pro-rate their camper fee at a rate of \$25 per day of camp missed, if we are notified at the time that their application and payment is submitted.**

Emergency Contacts (other than parent or guardian)

Contact #1: Name _____ Relationship to Camper _____
Day Phone#: () _____ Night Phone #: () _____
Contact # 2: Name _____ Relationship to Camper _____
Day Phone#: () _____ Night Phone#: () _____

Check in for camp begins at 6:00 pm on the opening day of camp, in the Tabernacle. No one will be checked in early. If your camper will be late, please notify our office at (910) 980-1162 as soon as possible. Campers should be picked up on closing day by 3:00 pm. There are no exceptions to this rule, as there will be no staff left on campus to care for your child.

We have a **no cell phone policy**. You will be provided with emergency phone numbers of staff members which you may use during camp if you need to reach your child. If a staff member sees a camper with a cell phone, the phone will be taken from the camper and held in the office, labeled with the camper's name, until the parent requests the phone upon check-out.

Each student is responsible for their own belongings. Falcon Youth Camp, its agents, servants, employees, and/or volunteers will not be responsible for lost items. All items left at camp will be held in lost and found for 15 days after the last day of camp and then disposed.

I have read and understand all of the above-mentioned policies of Falcon Youth Camp, will notify my child of them, and assume responsibility for them.

Parent/Guardian Signature _____ **Date** _____

Camp attending: High School Middle School Omega Elementary Alpha Elementary

Male Female Date of Birth: _____ Age: _____ School Grade: _____
Mo Day Year 2010-2011 year

Camper's Full Name: _____

Address: _____
Street/PO Box/Apt. # City State ZIP

Telephone: () _____ Parent/Guardian Phone: () _____

Family's Insurance Company (please list): _____ Policy No. _____

Is Camper in good health? yes no If Camper have any special physical or medical needs, provide information on back.

Does Camper take medication for any condition? yes no If yes, what? _____

**** Please take note that state law requires all medicines to be given to the camp nurse. ****

Physical Conditions: Allergies Heart Condition Epilepsy/Disease or Nervous System
 Asthma Diabetes Eye, ear, nose, throat
 Frequent Colds Sensitive to Sugar Other _____

Tetanus toxoid? yes no Date of last injection: (Mo) _____ (Year) _____

(It is recommended that this be within the last 10 years.)

Is Camper allergic to any medication? yes no If yes, what? _____

Any swimming restrictions? yes no Any restrictions to other camp activity? yes no

Parent/Guardian Consent Form

In my absence, I _____ hereby authorize the Director of Falcon Youth Camp or his appointee to obtain medical treatment which may be deemed necessary for my child _____. Furthermore, I authorize the proper dispensing of my child's prescription drug(s) if any are listed on this application. I also hereby authorize any physician called upon by the Director of Falcon Youth Camp to render medical treatment that, in his judgment, may be deemed necessary for the well-being of my child. I authorize the release of any medical information necessary to process a claim for my dependent named in this Falcon Youth Camp application. I authorize payment of medical benefits to the physician or supplier of service rendered to my dependent. The undersigned hereby forever releases and discharges Falcon Youth Camp and the North Carolina Conference of the International Pentecostal Holiness Church of any and all liability of any nature which may arise while my child is a camper as set forth above. I understand that Discipleship Ministries provides secondary insurance. Discipleship Ministries will not be held liable for any expenses beyond those covered by insurance. Undersigned further covenants and agrees to never sue or file a claim against Falcon Youth Camp and/or the NC Conference for any injury which may occur to said camper while he/she is involved in any of the activities of Falcon Youth Camp.

I will check my child for head lice and understand that all children will be checked upon arrival. Falcon Youth Camp has a NO NIT policy regarding head lice. I understand that even if my child has been treated they will not be allowed to stay at Falcon Youth Camp if they have nits. My child's camper fee will not be refunded.

I also hereby authorize and grant any and all rights and hold harmless for the use of my child's likeness, voice, performance, name and/or quotations in projects such as the Camp video and promotional uses as still images, audio, or video, for print or digital media, now or in the future as Falcon Youth Camp and DNA Conceptions shall see fit.

For activities that require leaving the Falcon Youth Camp campus (i.e. field trips, trips to the pool, etc.) I grant my child permission to be transported by an approved and licensed Falcon Youth Camp staff member.

Parent/Guardian Signature: _____ Date: _____