



Boys & Girls Adventure Camp Application 2017

**Boy & Girls Adventure
 Nazarene Camp
 July 16-21, 2017
 Camp Begins: Sunday 7/16
 @ 4pm (dinner provided)
 Camp Ends: Friday 7/21 @ 10am
 Registration Deadline Friday, July 14**

**STEP 2
 Fill in Personal Information**

Camper Name (First) _____ (Last) _____
 Address _____ City _____ ST _____ Zip _____
 Home Phone _____ (Circle one) Male Female Age _____
 Birthdate _____ Grade in School _____
 E-mail _____
 Parent/Guardian Names _____
(Please fill in phone numbers on the next page)
 Roommate Request(s) _____
 Counselor Request 1st choice _____ 2nd choice _____
 Home Church _____ Denomination _____

CAMPER PICK-UP INFORMATION

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

Name _____ Relationship to camper _____ Phone _____

**STEP 3
 Fill in Financial Information**

FEES AND EXPENSES:

Adventure Camp—July 16-21..... Amt. \$ \$275.00

Church Sponsor—Name of Church St. Maries Nazarene Amt \$ - \$110.00

Extra Class Fees—Ceramics (\$10) - Arts & Crafts (\$5) (See Class List at Left) Amt. \$ _____
 Cake Decorating (\$7)

Spending money for the store Amt. \$ _____

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

TOTAL AMOUNT \$ _____

AMOUNT ENCLOSED (\$50.00 minimum non-refundable deposit) \$ _____
 (Payments by check, Visa or MasterCard are accepted)

T-Shirt Size (Circle one)

Youth: S M L XL

Adult: S M L XL

STEP 1

Rank your class choices by marking 1-6 in the boxes below. You will be assigned **2 or 3** of these based on **availability and schedule**.

- _____ Archery
- _____ Arts & Crafts (\$5 fee)
- _____ Cajon (Box Drum)
- _____ Cake Decorating (\$7 fee)
- _____ Canoeing
- _____ Ceramics (\$10 fee)
- _____ Challenge Course**!!
- _____ Drama
- _____ Gymnastics
- _____ Mountain Biking
- _____ Paddleboarding
- _____ Sailing
- _____ Snorkeling
- _____ Sport Climbing
- _____ Swim Lessons
- _____ Trail Rides *
- _____ Ukelele
- _____ Volleyball
- _____ Wakeboard/Waterski
- _____ Wilderness Survival

* Must have hard-soled shoes, 2" heels and long pants for this class.

** Must be at least 10 yrs old.

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

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

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 the health form and emergency authorization is filled in and signed.

STEP 6

Mail this application and your payment to the following address;
Camp MiVoden, 17415 E Hayden Lake Road, Hayden Lake, ID 83835



CAMP MIVODEN

A MINISTRY OF THE SEVENTH-DAY ADVENTIST CHURCH

Please mail or fax form to:
Camp MiVoden
17415 E Hayden Lake Road
Hayden Lake, ID 83835
Fax 509-242-1506

Youth Camp Health, Emergency Authorization and Activity Release Form

STEP 5 Fill in Your Health Record

Camper's Name _____ Age _____ Date of Birth _____

Legal Guardian's Name(s) _____

Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ email _____

(please attach additional contact information if needed)

Allergies (Check all that apply and be specific)

No Allergies

Drugs _____

Plants _____

Bee Stings (What treatment is usual?) _____

Foods/Diet Restrictions (please list) _____

Other _____

Immunizations (Month & Year)

Tetanus ____/____

Polio ____/____

MMR ____/____

Special Conditions (Check all that apply)

Ear Infections **(Check all that apply)**

Seizures Athlete's Foot

Bed-wetting Sleep Walking

Fainting Oth-
er _____

Stomach Upsets _____

Head Lice _____

Constipation _____

General Health Information

Medications-Prescription or OTC(Medications not received in original containers will be refused.) _____

Activity Restrictions _____

Describe current physical, mental or psychological conditions requiring medication, treatment or special restrictions, conditions while at camp.

Past Medical Treatments _____

Family Doctor _____ Phone # _____

Secondary 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, zipline, 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, zipline, 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) 242-0506. (ask for information about MiVoden) or during the summer call (208) 772-3484.

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.)

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. Camp MiVoden is not responsible for lost or damaged personal items, including cameras and personal recreational equipment, etc. (If personal recreation equipment is brought, it can only be used according to MiVoden procedures and protocol by the owner.) 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.