

**DEDICATED YOUTH FOR CHRIST CAMP APPLICATION**

**Camp Dates:** \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_

**All Blanks Must Be Filled Out**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ S.S.#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Church you represent: \_\_\_\_\_

In case of emergency,  
Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Roommate Preferences: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ (Youth/Adult)

Spiritual Condition: Saved: \_\_\_\_\_ Sanctified: \_\_\_\_\_ Holy Ghost Filled: \_\_\_\_\_  
Water Baptized: \_\_\_\_\_

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**\*\* PARENTS: PLEASE SIGN BELOW AND COMPLETE REVERSE SIDE \*\***

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In the event of an emergency, I hereby give permission to the licensed physician selected by the camp to secure proper medical treatment for the child named on this form. I understand that I will be notified immediately and this is for emergency first aid only.

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby pledge my word of honor that I will abide by the rules and regulations of the camp during my stay.*

Applicant 's Signature: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

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## HEALTH QUESTIONS

**This information is confidential. Only those with a “need to know” will be privy.**

Does your child have any non-contagious illness or condition that may warrant first aid or medical attention? (If yes, describe) \_\_\_\_\_  
\_\_\_\_\_

Does your child have any Allergies? (If yes, describe) \_\_\_\_\_  
\_\_\_\_\_

Has your child had a Tetanus shot? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Is your child taking any medications, prescription or over-the-counter, on a regular basis? (If yes, what meds for what condition?) \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns for your child’s physical well being while he/she at camp? If so, please address them here or you may call the camp director. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician’s Phone: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Ins. Company Policy # \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please attach copy of card)

**Note: If no insurance, you must state “NONE”**

**PARENTS:** We realize that physical or medical conditions may arise between the time that you fill out this application and the time that camp actually begins. We are relying on you to update your child’s information at registration. These forms will be available at the registration table for you to update this vital and necessary information.

Please make sure you read the camp guidelines and policy that should have been provided with this application. If for some reason, you were not provided this document, contact us and we will be happy to provide you with one.

**Make sure all blanks are filled in and all signatures have been obtained. Incomplete applications are not acceptable.**

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