

BREAKAWAY APPLICATION This form is to be completed by applicant's Parent/Legal Guardian and signed by both the Parent/Legal Guardian and the Camper. All information must be complete. **Incomplete applications will incur a \$3 charge upon receipt of the application. Missing information must be received before the application will be accepted.**

RESERVATION REFUND POLICY- PLEASE READ CAREFULLY

RESERVATION POLICY: A \$75 payment and this application are required by respected deadlines to reserve a bed at Breakaway. Application and payment should be turned into either Youth Guest Services or the church offices

REFUND POLICY: The \$75 payment is non-refundable and cannot be transferred to another campers balance. **Keep in mind that beds fill up on a first-come-first-serve basis.**

Registration by 10/07/09: \$75
Late Registration by 10/21/09: \$90

CAMPER INFORMATION

Name _____ Phone _____ Grade _____

Address _____ City _____ State _____ Zip _____

Male Female Date of Birth ___/___/___ Email Address _____

Is there anyone your child should NOT be released to? Yes No If yes, Name(s) _____

HEALTH HISTORY

The camp insurance carrier does not cover pre-existing medical conditions.

CHRONIC/RECURRING CONDITIONS: Check all that apply.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Asthma/Respiratory Problems | <input type="checkbox"/> Emotional Disturbances | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Sickle Cell Trait or Disease |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Fainting | <input type="checkbox"/> Kidney Disease/Bed Wetting | <input type="checkbox"/> Special Dietary Regimen |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headaches | <input type="checkbox"/> Musculoskeletal Disorder | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Nosebleed | _____ |

Are activities restricted? Yes No If yes, please explain _____

ALLERGIES:

- | | |
|--|--|
| <input type="checkbox"/> Animals _____ | <input type="checkbox"/> Plants _____ |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Pollen _____ |
| <input type="checkbox"/> Insect Bites _____ | <input type="checkbox"/> Hay Fever _____ |
| <input type="checkbox"/> Medicines/Drugs _____ | <input type="checkbox"/> Other _____ |

Check if your child wears Contact Lenses Glasses Dental Appliances

May be given Tylenol? Yes No May be given Benadryl? Yes No May be given Ibuprofen? Yes No

My Camper may be given over the counter, non-prescription medications or applications, not to exceed the recommended dosage for stomach discomfort, burns, cuts, insect bites, rash or scrapes. Yes No

List Exceptions _____

Physician Name _____ Phone _____

Health Insurance Carrier _____ Policy/Group # _____

PARENT/GUARDIAN INFORMATION

Name _____ Day Phone _____ Evening Phone _____

If Parent/Guardian cannot be contacted, please notify:

1) Name _____ Day Phone _____ Evening Phone _____

2) Name _____ Day Phone _____ Evening Phone _____

APPLICATION AUTHORIZATION

I authorize the adult in charge to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me regarding medical attention given to my child. I also understand that participants at Lakeview Camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that breakaway is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the breakaway. I have reviewed the camp information sheet and gone over the camp and dress code policies with my child.

Parent Signature _____ Date _____

Camper Signature _____ Date _____