



# Camper Application

Ages 11-19

## EVENT INFORMATION:

Event Dates: **Aug 19-21**  
Application Due By: **August 1, 2009**  
Camp Registration Fee: **\$35.00\***  
For information call:  
**607.656.7878 Church**  
**607.343.5705 Pastors Josh & Amy Kiefer**

### COMPLETED APPLICATIONS CAN BE SENT BY:

**MAIL** Living Word Christian Center  
P.O. Box 128  
Greene, NY 13778

**E-MAIL** 300Revolution@gmail.com

**PLEASE make sure you... read the WHAT TO BRING/WHAT NOT TO BRING list**

## CAMPER INFORMATION:

Name: \_\_\_\_\_  
Last First M.I.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Gender (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list any medications you will be taking during camp (these will need to be labeled and turned into the Camp Nurse when you check in):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ PLEASE NOTE: *No application will be accepted without the attached emergency contact and medical information sheet completed and signed by camper's Parent/Guardian. Applications submitted via e-mail need to bring a printed and signed copy of their application.*

**\* Please contact us if finances are a problem. We want *everyone* to be able to attend.**

## Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
( )	( )	( )	( )
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

### Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
( )	( )
Home Phone	Work Phone
( )	( )
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

### Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child to go to Camp Revolution 09'. I release LWCC and individuals from liability in case of accident during activities related to Camp Revolution 09', as long as normal safety procedures have been taken.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## What to Bring... What not to Bring...

### What to Bring...

- Each camper is responsible for his/her own belongings
- Single sheet, pillow, blanket and or sleeping bag, twin size air mattress (optional) - WE DO NOT PROVIDE BEDDING OR AIR MATTRESSES!
- 2 pairs of shoes
- Under clothing for 3 days
- Clothing for 3 days (casual for the day and we request that you bring your nicest clothes for the evening service☺)
- Light jacket or sweater
- Sleep wear
- Swimsuit
- Towels and washcloths for showering
- Your toiletries
- Spending money (snack bar, ice cream)
- Good attitude
- Bible/ notebook
- Friend

### What not to Bring...

- No spaghetti straps
- No biker shorts
- No skateboards
- No fireworks
- No tobacco products
- No drugs or alcohol
- No pornographic material
- No knives or other weapons

**\*Note-** A snack bar is open after evening services.  
There is also FREE food available!

**We look forward to seeing you at Camp Revolution '09!**