



YOUTH CAMP APPLICATION 2018

STEP 1

Basic Youth Camps

Camp	Age	Date	Cost
<input type="checkbox"/> Junior Camp	11-13	July 1-8	\$325
<input type="checkbox"/> Adventure/Blind Camp	8-10	July 8-15	\$325
<input type="checkbox"/> Teen Camp	14-16	July 15-22	\$325

Ultimate Camps

<input type="checkbox"/>	Teen Cowboy Camp	14-16	July 1-8	\$355
<input type="checkbox"/>	Extreme Teen Camp 1	13-16	July 1-8	\$370
<input type="checkbox"/>	Teen Wakeboard Camp 1	14-16	July 1-8	\$370
<input type="checkbox"/>	Junior Cowboy Camp	10-12	July 8-15	\$355
<input type="checkbox"/>	Extreme Teen Camp 2	13-16	July 8-15	\$370
<input type="checkbox"/>	Teen Wakeboard Camp 2	10-12	July 8-15	\$370
<input type="checkbox"/>	Tween Cowboy Camp	11-13	July 15-22	\$355
<input type="checkbox"/>	Extreme Teen Camp 3	13-16	July 15-22	\$370
<input type="checkbox"/>	Tween Wakeboard Camp	12-13	July 15-22	\$370
<input type="checkbox"/>	White Water Rafting	14-16	July 9-16	\$370
<input type="checkbox"/>	Advanced Cowboy	14-16	August 12-17	\$355

STEP 2

Rank your class choices by marking 1, 2, 3, etc., in the boxes below. You will be assigned **2 or 3** of these based on **availability and schedule**. If you plan to attend a second week, use the "Wk 2" column for your choices. Please mark at least 6 choices below as some classes may be full.

Wk 1 Wk 2

	Wk 1	Wk 2	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Archery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arts & Crafts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basketball
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cajon (Box Drum)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cake Decorating (\$7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canoeing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceramics
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Challenge Course!!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drama
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guitar
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gymnastics
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horsemanship*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Model Rocketry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mountain Biking

Wk 1 Wk 2

	Wk 1	Wk 2	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paddleboarding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Photography (\$7 fee)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sailing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Snorkeling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sport Climbing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swim Lessons
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ukelele
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unicycling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wakeboard/Waterski
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Toys
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wilderness Survival
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ziplines/Giant Swing

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

STEP 3

Fill in Personal Information

Camper Name (First) _____ (Last) _____

Address _____ City _____ ST _____ Zip _____

Primary Phone _____ (Circle one) Male Female Age _____

E-mail _____ Birthdate _____

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 or bus (For additional names, attach another page)

Name _____ Relationship to camper _____ Phone _____

Name _____ Relationship to camper _____ Phone _____

BUS: Please Circle One Choice— None Walla Walla (\$50) Tri-Cities (\$50) Spokane (\$30)
All fares are round-trip. Sorry, no discounts for one-way trips.

STEP 4

FEES AND EXPENSES:

Camp you plan to attend _____ Date _____ Amt. \$ _____

Second Week/Additional Class Fee (opt.) _____ Date _____ Amt. \$ _____

Class Fees (See fee schedule in column to left) Amt. \$ _____

Bus Fare (no one-way discount) Amt. \$ _____

Spending money for the store Amt. \$ _____

Offering for church Amt. \$ _____

Child Care \$10.00/hour (for early arrival or late departure) Amt. \$ _____

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

Theme T-Shirt Circle Size Youth S M L XL
 Cannot be ordered after 6/1/2016 Adult S M L XL.....\$7.00 each.....Amt. \$ _____

Donation (Circle One) Needy Camper Fund or Camp Development Amt. \$ _____

SUBTOTAL \$ _____

DISCOUNTS:

\$30.00 Discount for Upper Columbia Conference Members -\$ _____

\$20.00 Early Discount (Payment in full by January 11)..... -\$ _____

\$10.00 Early Discount (Payment in full by May 10) -\$ _____

Multiple Week or Extra Week Discounts

\$5.00 Family Discount off each app for siblings attending the same summer . . . -\$ _____

\$10.00 For each week attending camp after the first regular week fee paid -\$ _____

TOTAL AMOUNT \$ _____

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

BALANCE DUE (Due June 1, 2018)..... \$ _____

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 or go online and register at www.mivoden.com
Camp MiVoden, 3715 S Grove Road, Spokane WA 99224 or fax (509) 242-1506

For additional information see www.mivoden.com or call 509-242-0506 and ask for MiVoden Information.

MIVODEN

A Ministry of the Seventh-Day Adventist Church

Please mail or fax form to:
 Camp MiVoden
 3715 S Grove Road
 Spokane, WA 99224
 Fax 509-242-1506

Youth Camp Health, Emergency Authorization and Activity Release Form

STEP 5 Fill in Camper Health Record

Camper's Name _____ Age _____ Date of Birth _____
 Legal Guardian's Name _____ Cell# _____ Email _____
 Legal Guardian's Name _____ Cell# _____ Email _____
 Address _____ City _____ State _____ Zip _____
 (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?): _____

Food/Diet Restrictions (please list): _____

Other: _____

Immunizations (Month/Year)

- Tetanus _____ / _____
- Polio _____ / _____
- MMR _____ / _____

Special Conditions

- (Check all that apply)
- Constipation
 - Ear Infections
 - Seizures
 - Bed-wetting
 - Fainting
 - Stomach Upsets
 - Head Lice
 - Athlete's Foot
 - Sleep Walking
 - ADD/ADHD
 - Other : _____

General Health Information

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

Activity Restrictions: _____

Current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions while at camp: _____

Past Medical Treatments: _____

Family Doctor: _____ Phone #: _____

Secondary Contact Person (In the event that 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.

Parental Notification Policy

Since all treatment of campers shall be recorded, a record of all emergency and first aid treatment by Camp MiVoden staff and volunteers shall be filed in the Camp MiVoden health and medical files. After the initial examination, the parent or legal guardian shall be notified if condition warrants it, or if camper is sent to see the Camp Physician or to an emergency department

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, but not excluded to, challenge course, rock climbing, zipline, water activities, 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, water activities, or horsemanship, inherent risks exist which may result in serious injury or death. Your camper should only participate after you have read the description of all the activities on the camp website and/or other camp materials. Please note, challenge course, zipline, rock climbing, water activities, 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, to 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 that 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.

Parent/Guardian Signature _____ Date _____