

MIVODEN

A Ministry of the Seventh-Day Adventist Church

YOUTH CAMP APPLICATION 2016

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, 2016) \$ _____

STEP 1

Basic Youth Camps

<input type="checkbox"/>	Camp	Age	Date	Cost
<input type="checkbox"/>	Adventure Camp	8-10	June 19-26	\$325
<input type="checkbox"/>	Teen Camp	13-17	June 26-July 3	\$325
<input type="checkbox"/>	Junior 1 Camp	11-13	July 3-10	\$325
<input type="checkbox"/>	Junior 2 Camp	10-12	July 10-17	\$325

Specialty Youth Camps

<input type="checkbox"/>	Tween Cowboy 1	13-17	June 26-July 3	\$355
<input type="checkbox"/>	Teen Wakeboard 1	13-17	June 26-July 3	\$370
<input type="checkbox"/>	Expedition Grand Ronde	14-17	June 26-July 3	\$390
<input type="checkbox"/>	Expedition Equestrian Pack	14-17	July 3-10	\$390
<input type="checkbox"/>	Teen Wakeboard 2	13-17	July 3-10	\$370
<input type="checkbox"/>	Extreme Teen 1	13-17	July 3-10	\$370
<input type="checkbox"/>	Junior Cowboy 1	10-12	July 10-17	\$355
<input type="checkbox"/>	Expedition Wakeboard	14-17	July 10-17	\$390
<input type="checkbox"/>	Extreme Teen 2	13-17	July 10-17	\$370
<input type="checkbox"/>	Expedition Smith Rock	14-17	July 17-22	\$390
<input type="checkbox"/>	Junior Cowboy 2	10-12	July 17-22	\$355
<input type="checkbox"/>	Challenge Camp	14-17	July 17-22	\$370

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

<input type="checkbox"/>	<input type="checkbox"/>	Animal Tracking
<input type="checkbox"/>	<input type="checkbox"/>	Archery
<input type="checkbox"/>	<input type="checkbox"/>	Arts & Crafts
<input type="checkbox"/>	<input type="checkbox"/>	Birds
<input type="checkbox"/>	<input type="checkbox"/>	Cake Decorating (\$7)
<input type="checkbox"/>	<input type="checkbox"/>	Canoeing
<input type="checkbox"/>	<input type="checkbox"/>	Ceramics
<input type="checkbox"/>	<input type="checkbox"/>	Challenge Course!!
<input type="checkbox"/>	<input type="checkbox"/>	Music Video!! (\$7)
<input type="checkbox"/>	<input type="checkbox"/>	Flowers
<input type="checkbox"/>	<input type="checkbox"/>	Gymnastics
<input type="checkbox"/>	<input type="checkbox"/>	Horsemanship*
<input type="checkbox"/>	<input type="checkbox"/>	Model Rocketry
<input type="checkbox"/>	<input type="checkbox"/>	Mountain Biking

Wk 1 Wk 2

<input type="checkbox"/>	<input type="checkbox"/>	Paddleboarding
<input type="checkbox"/>	<input type="checkbox"/>	Photography (\$7 fee)
<input type="checkbox"/>	<input type="checkbox"/>	RC Boats (\$10 fee)
<input type="checkbox"/>	<input type="checkbox"/>	Reptiles
<input type="checkbox"/>	<input type="checkbox"/>	Sailing
<input type="checkbox"/>	<input type="checkbox"/>	Snorkeling
<input type="checkbox"/>	<input type="checkbox"/>	Sport Climbing
<input type="checkbox"/>	<input type="checkbox"/>	Swim Lessons
<input type="checkbox"/>	<input type="checkbox"/>	Ukelele
<input type="checkbox"/>	<input type="checkbox"/>	Video Production !!(\$7)
<input type="checkbox"/>	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	<input type="checkbox"/>	Wakeboard/Waterski
<input type="checkbox"/>	<input type="checkbox"/>	Water Toys
<input type="checkbox"/>	<input type="checkbox"/>	Wilderness Survival

* 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.

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.



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 _____