

Son Quest Youth Camp 2010

Branch Chapel Free Will Baptist

August 1-6, 2010

Son Quest Youth Camp 2010 will be held at Camp Vandemere located on the banks of the beautiful Bay River in Pamlico County. The camp is open to all who wish to turn aside from this world and contemplate on the majesty and awesomeness of God. There are many activities such as canoeing, paddle boating, fishing, crabbing, swimming, basketball, volleyball, baseball, or just plain relaxation.

Application For Camp Vandemere Summer Camp

Camp is open to those who are 8 to 18 years old.

Name of camper _____ Phone _____ Age _____
 Camper attends church at _____ Pastor's name _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Birthday _____ Sex _____ Grade Completed _____
 Family doctor _____ Phone _____ - _____ - _____
 Mother's name _____ Home phone _____ - _____ - _____ Cell _____ - _____ - _____
 Address _____ City _____ State _____ Zip _____
 Employer _____ Work number _____ - _____ - _____
 Father's name _____ Home phone _____ - _____ - _____ Cell _____ - _____ - _____
 Address _____ City _____ State _____ Zip _____
 Employer _____ Work phone _____ - _____ - _____

PERSONAL HISTORY AND INFORMATION

Allergies: (Please be specific) _____
 Drugs _____ Foods _____
 Seasonal _____ Insect bites _____
 Does camper need special diet? _____ Explain _____
 Date of last tetanus shot _____ List any medications camper is currently taking (OTC and Presc.) _____

Is there a history of any of the following diseases in the camper's family (Please check all that apply)
 Diabetes High blood pressure Heart trouble Cancer Other

Please check all that apply to this camper:

Anxiety Arthritis Breathing problems (Asthma, etc.) Cancer Depression
 Headaches Heart problems (murmurs, etc.) High blood pressure Hyperactivity
 Infectious Disease (TB, Hepatitis, AIDS, HIV) Joint Problems Kidney/Bladder Problems
 (Bedwetting, UTI) Liver Problems Menstrual Problems Seizures Skin Problems
 Sleep Walking Stomach Problems Vision Problems

Please explain any checked answers: _____

Does this camper have any physical limitations? If yes, please be specific: _____

I _____, (Parent/Legal Guardian), give permission for my child to participate in all camp activities, except those listed here: PLEASE SEE NOTE ON PAGE 3 PERTAINING TO THIS ALSO

Insurance Information/Parent or Legal Guardian Consent

By my signature, I understand and agree to the following: Cost for all treatment/medicine will be the responsibility of the parent/legal guardian. Secondary coverage pays **after** my insurance. I have provided this insurance information in the event that my child should need treatment.

WE MUST HAVE A COPY OF ALL INSURANCE CARDS, FRONT AND BACK, INCLUDING MEDICAIDE!

Primary Insurance Information:	Secondary Insurance Information:
Company Name _____	Company Name _____
Insured cardholder's name _____	Insured cardholder's name _____
DOB _____	DOB _____
Subscriber # _____	Subscriber # _____
Policy # _____ Group # _____	Policy # _____ Group # _____

Emergency Contacts:

(1) Name _____	Relationship to camper _____
Home phone ____-____-____ Work ____-____-____ Cell ____-____-____ Other ____-____-____	
(2) Name _____	Relationship to camper _____
Home phone ____-____-____ Work ____-____-____ Cell ____-____-____ Other ____-____-____	

Permission to Treat

If a camper requires confinement for illness for twenty four (24) hours, the parent/legal guardian will be notified to pick up the camper. It is the responsibility of the parent/guardian to not send a sick child to camp. If your child has a fever and/or contagious condition on the scheduled departure day to go to camp, you are instructed not to send him/her to camp. You will be asked to come to Camp Vandemere to pick up your child if he/she is deemed sick with a contagious condition. All possible care will be used to prevent any accident and assigned adults will be responsible to see that any camper who gets sick or injured receives proper attention. I will be notified of any serious illness or accident.

Therefore, I hereby give my permission to Camp Vandemere, and its authorized representative and/or Camp Director, to seek medical/surgical treatment for the above named camper (my minor child) as is deemed necessary.

Parent/Legal Guardian Signature _____
Print Name _____ Date _____

Permission to Participate

We sometimes use pictures taken at our summer camps and/or weekend retreats in our brochures, newsletters and on our web page. Please check the box below if you would agree to Camp Vandemere, Inc. using photos with your child in them in these publications.

- . Yes, I have read the above information and agree for pictures with my child in them to be used by Camp Vandemere, Inc.
- . No, I do not want my child's picture used.

. In the event that an individual summer Camp Director or weekend retreat Director chooses to have water activities other than canoeing, paddle boating, swimming or fishing from the camp owned piers, Camp Vandemere, Inc. will not be responsible/liable for those activities.

Examples are as follows, but not limited to: boating, skiing, tubing, jet skiing, fishing away from the river banks along Camp Vandemere property. Please make sure you and your child have been given all information relating to these activities before time for camp. Please check the box to indicate that your child has permission to participate in these activities. **IF THE BOX IS NOT CHECKED, YOUR CHILD WILL NOT BE ALLOWED TO TAKE PART IN THESE ACTIVITIES.**