

# Summer Camps 2010 Application

Apply online at  
[YouthOutreachCamps.com](http://YouthOutreachCamps.com)

Date/Time: Arrival \_\_\_\_\_ Departure \_\_\_\_\_

Anticipated transportation:  Plane  Bus  Private Vehicle

Camper/Sponsor Information Check appropriate boxes: Applicant is  Camper  Coach  
 Male  Female

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

School \_\_\_\_\_ Church \_\_\_\_\_

If applicant is coming with a group, complete the following: Colors \_\_\_\_\_

Mascot \_\_\_\_\_ Coach's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

If applicant is a camper, complete the following: Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade Sept. '10 \_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Emergency Information Phone: Parent's Work (\_\_\_\_) \_\_\_\_\_ Parent's Cell (\_\_\_\_) \_\_\_\_\_

If a parent can't be located, who should be contacted? Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

If you have medical insurance, attach a copy of the insurance card and prescription card (frontandback) for hospital use. This prevents any delay of treatment in case of emergency.

Does the camper listed have an emotional or behavioral problem?  Yes  No

If yes, please explain on a separate sheet and also advise if he/she is under a doctor's care for the problem.

Is camper on any prescription medication?

Yes  No If yes, please list types and reasons for medication on a separate sheet.

Art July 19-23

Boys Basketball July 5-9

Boys Basketball July 26-30  
(team reservation only)

Girls Basketball July 26-30

Cheerleading August 2-6  
(group reservation only)

Computer Science July 5-9

Drama July 19-24

Engineering & Science June 21-25

History/Political Science June 21-25

Music Academy July 12-24  
Instrument (one only) \_\_\_\_\_

Nursing July 12-16

Nursing July 19-23

Pre-Medicine June 14-18

Girls Volleyball August 2-6

Signed form for each camper must be received by Youth Outreach Ministry before camper may participate.

I indemnify and save Youth Outreach Ministry, Inc.; Pensacola Christian College, Inc.; and its affiliates, employees, and agents harmless from any liability or medical payments resulting from my child's participating in this camp or other activities during his/her stay at summer camp. I further understand that Youth Outreach Ministry does not provide medical insurance coverage for my child and that any medical expenses incurred will be paid by either my own medical insurance or me. I hereby grant permission for my child to attend the camp, to participate in all the camp activities, and to be treated by a licensed medical professional in the event of any injury, accident, illness, or other situation that may require medical attention.

I give permission for my child's picture to be used in future publications, including publication on PCC and its affiliates' Web pages. I understand the enclosed \$50 deposit is nonrefundable (if 60 days or less until camp) and nontransferable.

Campers who use tobacco, alcohol, or any form of illegal drugs will be dismissed. Any noncooperative or noncompliant campers will be subject to dismissal.

Signature—parent or legal guardian only

Date