



SUMMER CAMP APPLICATION 2018

Montana Conference

175 Canyon View Road (406) 587-3101 x110
 Bozeman, MT 59715 www.Facebook.com/CampPaxson

Summer Camp

Age: 9-15

Date: June 24-July 1, 2018

Cost: \$260.00

(\$30 Early Payment Discount if paid by June 1)

ACTIVITIES AVAILABLE TO ALL CAMPERS

Archery	Kayaking	Volleyball
Basketball	Orienteering	Water Toys
Crafts	Photography	Wakeboarding
Disc Golf	Swimming	Waterskiing
Gymnastics	Target Practice	

STEP 1
Fill in Personal Information

Camper's Name (First) _____ (Last) _____ Date of Birth _____

Address _____ City _____ ST _____ Zip _____

Home Phone _____ Male ___ Female ___ Age _____

Camper E-mail _____ Camper Cell Phone _____

Father's/Guardian's Name _____ E-mail _____

Cell # _____ Work # _____ Other # _____

Mother's/Guardian's Name _____ E-mail _____

Cell # _____ Work # _____ Other # _____

Home Church _____ Denomination _____

BUS (\$45): Please Check One Choice -- None Mount Ellis Academy Butte - Harley Davidson Shop
All Fares are round-trip. Sorry, no discounts for one-way trips. If one way: To Camp From Camp

STEP 2
Fill in Financial Information

FEES AND EXPENSES:

Summer Camp - One Week (\$260.00 each)..... Amt. \$ _____

Bus Fare (no discount one-way) (\$45)..... Amt. \$ _____

Spending money for the store (\$10-\$20 suggested).... Amt. \$ _____

DISCOUNTS: (\$30 If paid in full by June 1).....Amt. \$ _____

SUBTOTAL.....**Amt. \$** _____

TOTAL AMOUNT PD.....**Amt. \$** _____

BALANCE DUE.....**Amt. \$** _____

Office Use Only

Date Rec _____ Camp Fee \$ _____

Letter Sent Bus Fee \$ _____

Store Money \$ _____

Subtotal \$ _____

Discount \$ _____

Total Due \$ _____

Total Paid \$ _____

Balance Due \$ _____

.....

Check # _____

Check Amt \$ _____

Cash Amt \$ _____

TOTAL PD \$ _____

Scholarship Needs

Once the family and church have paid what they can, some money may be still be available from the Montana Conference.

Camper Name _____

Health, Emergency Authorization and Activity Release Form

STEP 3

Fill in Your Health Record

Allergies (Check all that apply and be specific)

- No Allergies
 Drugs _____
 Plants _____
 Bee Stings (What treatment is usual?) _____

Immunizations (Month & Year)

- Tetanus ____/____
 Polio ____/____
 TB ____/____ (if applicable)
 MMR ____/____

Dietary Restrictions _____

Other _____

Current medications (prescribed and over-the-counter) _____

Special Conditions (Check all that apply)

- Ear Infections Head Lice
 Seizures Bed-wetting
 Fainting Sleep Walking
 Stomach Upsets Other _____

General Health Information

Description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp. _____

Description of any camp activities from which the camper should be exempted for health reasons _____

Past medical treatments _____

Family Doctor or Health Care Facility _____ Phone # _____

Emergency Contact Person (In the event 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 _____

Cell # _____ Work # _____ Other # _____

Participation and Consent Release for Camp Paxson - Montana Conference of Seventh-day Adventists

Camp Paxson has done everything reasonable to assure that our camp program has been made as safe as possible. However, we wish to inform you that camp activities are not without risk. As in any camp activity inherent risks exist and may result in serious injury or death. Please note, should you not want your camper to participate in any specific activities or programs, please notate them in writing on a separate sheet of paper and attach it to the application when mailing it in. If you have any questions, please call the Montana Conference Youth Department at (406) 587-3101.

Emergency Treatment Authorization

In case of emergency, I hereby give permission to the physician(s) selected by the camp directors to provide routine care, administer prescription and non-prescription medications, hospitalize, 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 the 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 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 Paxson, its employees, the Montana Conference of Seventh-day Adventists, and its parent organizations from liability in case of accident or illness. **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 _____

Camper signature _____ Date _____