

PULASKI BAPTIST ASSOCIATION

2019 APPLICATION

YOUTH

{PBA Church} **CAMP FEE \$80.00** {NON PBA Church} **\$100.00**

COMPLETED 6RD GRADE THROUGH 12TH GRADE

JULY 22, 2019, 1:00PM - JULY 26, 2019, 2:00PM

Name_____ Sex F / M circle one Age during camp_____

Birth Date_____ Grade completed this year_____

Home Address_____

School attended_____

Parent/Guardian_____

Does camper live with both parents?_____ If not, with whom_____

_____ Relationship_____

_____ Home phone_____

Father's occupation_____ Work/cell phone_____

Mother's occupation_____ Work/cell phone_____

An alternate emergency contact_____

Home Phone_____ Bus/cell Phone_____

Relationship to camper?_____

What church does camper attend?_____

Name, Address & phone number of Church sponsoring camper_____

Has camper accepted Jesus Christ as Savior? Yes/No circle one When_____

What church activities is the camper involved in?_____

Please check those statement that apply to your camper

- | | | |
|--|---|---|
| <input type="checkbox"/> Has been to camp before | <input type="checkbox"/> Afraid of the dark | <input type="checkbox"/> Afraid of water |
| <input type="checkbox"/> Bed wetter | <input type="checkbox"/> Takes cold easily | <input type="checkbox"/> Feelings easily hurt |
| <input type="checkbox"/> Sense of inferiority | <input type="checkbox"/> Critical/fault finding | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Tries to domineer | <input type="checkbox"/> Sunburns easily | <input type="checkbox"/> Easily discouraged |
| <input type="checkbox"/> Prefers a large group | <input type="checkbox"/> Prefers a small group | |
| <input type="checkbox"/> Should not use upper bunk | | |

What do you want your camper to get out of camp?

What does your camper want to get out of camp?

Are there any sport or activity limitations that your camper may have? List prohibited activities.

Please share any information that would aid your camper's counselor in knowing your camper better.

Please read the camper information sheet and rules for camps.

Please read and sign Parent's Authorization

Parents Authorization - I approve the application above and the conditions listed here and on the Camp Health Form, and hereby certify that my child is of good moral character. My permission is hereby granted to use pictures of my child in camp advertising matter. It is agreed that Pulaski Baptist Association, Inc. will not be held responsible for unforeseen accidents or illness of my child. I grant permission for my child to participate in every camp sport and activity unless listed and discussed above. I recognize there is an element of risk in activities I or my child may participate in while staying at Pulaski Baptist Camp. I assume full responsibility for my child or myself, for any accident or injury that may occur while staying at Pulaski Baptist Camp. I hereby release, indemnify and hold harmless Pulaski Baptist Association, Inc., and/or Pulaski Baptist Camp, Inc., its agents and employees, from and against any and all claims, liabilities, suits, actions, attorney's fees and including without limitation any act, omission or negligence of Pulaski Baptist Association, its agents, employees which may arise from or in any way be connected with my child's/my stay or participation in activities at Pulaski Baptist Camp.

BOTH PARENTS/ GUARDIANS SIGNATURES ARE REQUIRED.

Signed_____Relationship_____Date_____

Signed_____Relationship_____Date_____