



*Camp Living Waters Application 2019*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Tee-Shirt Sizing (circle one): Adult Youth**

Youth T-Shirt Size:

\_\_\_\_ Extra Small                      \_\_\_\_ Large

\_\_\_\_ Small                                \_\_\_\_ XL

\_\_\_\_ Medium                              \_\_\_\_ XXL

Tent mate request (first-time CLW campers only): \_\_\_\_\_

Who will bring youth to camp (camp starts at 6:00 pm on Sunday, July 28)?

Full Name: \_\_\_\_\_

Phone No (if not listed elsewhere): \_\_\_\_\_

Who will pick up youth from camp (camp ends at 3pm on Friday, August 2)?

Full Name: \_\_\_\_\_

Phone No (if not listed elsewhere): \_\_\_\_\_

**Parent Information**

Name of parent(s)/legal guardian(s): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Applicant's Activities & Interests**

Hobbies and interests: \_\_\_\_\_

Swimming skills    \_\_\_\_ outstanding    \_\_\_\_ good    \_\_\_\_ fair    \_\_\_\_ poor

Do you attend a church?    \_\_\_\_ regularly    \_\_\_\_ monthly    \_\_\_\_ occasionally    \_\_\_\_ none

If so, please state the name and city of the church: \_\_\_\_\_

Do you attend a youth group?    \_\_\_\_ regularly    \_\_\_\_ monthly    \_\_\_\_ occasionally    \_\_\_\_ none

If so, please state the name and city of the youth group: \_\_\_\_\_

**Dietary and Health Information**

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What dietary needs does the attendee have?

\_\_\_\_\_ Vegetarian                      \_\_\_\_\_ Dairy free                      \_\_\_\_\_ Nut free  
\_\_\_\_\_ Gluten free                      \_\_\_\_\_ Vegan                      \_\_\_\_\_ Other

Please list any allergies to food: \_\_\_\_\_

Please list any allergies to medication: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Please list any other medical concerns (i.e. asthma):  
\_\_\_\_\_

Please list all medications the applicant is currently taking, and what the instructions for dosage are:  
\_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Date of last physical \_\_\_\_\_

Has youth recieved MMR (measles, mumps, rubella) vaccination?\* Yes                      No

If so, date: \_\_\_\_\_

\*If you have concerns about this question please contact us at [CLWHumboldt@gmail.com](mailto:CLWHumboldt@gmail.com)

Family Doctor \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Group ID No: \_\_\_\_\_

Emergency Contact Person (not parents): \_\_\_\_\_

Phone No. 1: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

## **Drop off and Pick Up Instructions**

**Camp Living Waters is held from Sunday, July 28th - Friday, August 2nd at [Cookson Ranch, 37 Cookson Ln. Blue Lake, CA 95525.](#)**

CAMP BEGINS at 6pm Sunday, July 28th. Campers should arrive in camp no later than 6:45 p.m, and no earlier than 5:45pm as staff supervision will not be available before then.

CAMP ENDS 3pm Friday, August 2nd. Campers should be picked up no later than 3:45.

Campers are not allowed to possess or use cell phones or watches while at camp. If campers bring these prohibited items, the staff will put them in a secure location until the end of camp. *Camp Living Waters does not accept any liability for these items.*

**\*\*\*ALL prescription medication **must** be given to the Camp Medic upon arrival in camp.\*\*\***

## **Camp Rules and Agreement**

Youth attending Camp Living Waters are expected to follow camp rules and waterfront rules at all times, and to adhere to the following guidelines at all times:

The following items are prohibited:

- Alcoholic beverages
- Controlled substances/illegal drugs
- All forms of tobacco
- All weapons (including pocket knives)
- Hurtful or offensive clothing
- Electronics including, but not limited to:
  - Cell phones
  - Tablets/laptops
  - CD/MP3 players and radios
  - Laser pointers (including on a flashlight)

**\*\*\*Anyone found to be in possession of a weapon, under the influence of alcohol, a non-prescribed controlled substances, or any illegal drug **will be asked to leave camp immediately.** Parents will be responsible for picking up the youth from camp. \*\*\***

Inappropriate behavior is not permitted:

- Inappropriate language
- Fighting, name-calling, hurtful remarks
- Physical fights are **grounds for dismissal from camp**
- ONLY respectful, kind, and loving behavior is allowed

## **Agreement**

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I (child's name) \_\_\_\_\_ have read & understand the above guidelines and agree to abide by them. I will not bring weapons, tobacco products, radios, CD players, gaming devices, cell phones, smart phones, tablets, laptops, watches, laser pointers (including on a flashlight) or MP3 players (or anything similar to those devices) to camp and I understand that if I do they will be confiscated for the length of camp. I agree to follow all rules. I understand NO alcohol or other drugs, including all illegal drugs are not allowed at camp and that if I have prescription medications I must give them to the camp medic who will dispense them to me as I need them.

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Date

I have read all the guidelines for Camp Living Waters and I am granting permission for my son/daughter \_\_\_\_\_ to attend. I also understand that in the event I should be contacted by Camp Staff regarding my son/daughter being found to be in possession of a weapon, alcohol, a non-prescribed controlled substance or illegal drugs or to have engaged in physical violence I will be immediately notified and will agree to pick them up.

I also give permission for the Adult Staff at Camp Living Waters to provide first aid to my son/daughter, and **in the case of an emergency authorize them to grant medical treatment by a licensed medical doctor** with the understanding that I will be contacted as soon as possible and notified of the event. A camper's checklist will be mailed to each camper upon receipt of completed registration forms.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

### **Image Release Form**

Permission to Use Images, Sound and Video

I hereby grant permission for Camp Living Waters and St. Alban's Episcopal Church to record sounds, images or video of my child, \_\_\_\_\_ (name) during the event known as Camp Living Waters.

I also give permission for Camp Living Waters, St. Alban's Episcopal Church and/or The Episcopal Diocese of Northern California, of which it is a member congregation, to use these images in church and/or diocesan publications, marketing and promotional material, and on respective websites, along with corresponding information.

It is understood that no use of my child's photo will be identified therein by Camp Living Waters, St. Alban's Episcopal Church or The Episcopal Diocese of Northern California; photos used in the above mentioned means of communication will NOT include my child's address or phone number.

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\_\_\_\_\_ [Please initial to select]

I AM AUTHORIZING use of my child's name in captions as they relate to Church and/or diocesan communication listed above.

\_\_\_\_\_ [Please initial to select]

I AM NOT AUTHORIZING use of my child's name in captions as they relate to Church and/or diocesan communication listed above.

I have read and understand the terms of this agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name in Full (please print)