

# Western Kentucky Youth Camp Application

Ages 8-10 year old week

NAME: \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL : \_\_\_\_\_

AGE AT CAMP TIME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

BOY: \_\_\_\_\_ GIRL: \_\_\_\_\_

CHURCH PREFERENCE: \_\_\_\_\_

CHURCH MEMBER?: \_\_\_\_\_

**CAMPER AND PARENT: Please sign the applicable statement below:**

**Camper:** "I agree to abide by the rules and policies of the management of the camp while I attend." Signed: \_\_\_\_\_

**Parent:** "I have read and understand the rules and regulations and agree that my child will abide thereby." Signed: \_\_\_\_\_

Special lodging request (1 roommate please) NO GUARANTEES: \_\_\_\_\_

## Medical Information and Release

Is applicant allergic to medicine? \_\_\_\_\_ If so, identify \_\_\_\_\_

Is applicant allergic to plant life? \_\_\_\_\_ If so, identify \_\_\_\_\_

Is applicant prohibited from: Swimming? \_\_\_\_\_ Diving? \_\_\_\_\_ Other? \_\_\_\_\_

If applicant is on any special medicine or dietary regime attach explanation.

Has applicant been immunized for:	Has applicant had:	Is applicant given to:	Does applicant have:
Diphtheria _____	Chicken pox _____	Bed wetting _____	Heart condition _____
Small pox _____	Measles _____	Sleep walking _____	Diabetes _____
Polio _____	Mumps _____	Fainting _____	Stomach upsets _____
Typhoid _____	Whooping cough _____	Sore throats _____	Ear aches _____
Whooping cough _____		Night terrors _____	Asthma _____
			Convulsions _____
			ADD/ADHD _____

Approximate date of last tetanus shot (booster): \_\_\_\_\_

Does the applicant have any medical, social, or emotional problems the director should know about? If so please attach an explanation.

Is applicant covered by health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide the following information:

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

**PARENTS: PLEASE READ COMPLETELY, THEN SIGN BELOW**

**Western Kentucky Youth Camp does NOT carry any medical (health) insurance on campers.** It is necessary for **parents** to assume responsibility for the applicant. Below is a legal agreement for these purposes, which you must read, sign, and return with the application.

In consideration of the acceptance of the herein-named applicant, we the undersigned parent or guardian, as the case may be, covenant and agree with Western Kentucky Youth Camp, that we will at all times hereafter indemnify, keep indemnified, and save harmless the demands, cost, damages, and expenses, which may be brought against or claimed from Western Kentucky Youth Camp, or which it may pay, sustain, or incur as a result or illness, accident, or misadventure to the herein named applicant, during the period that said applicant is a participant in the Western Kentucky Youth Camp.

In the event that the said applicant becomes seriously ill or is taken injured while a camper at Western Kentucky Youth Camp the director has our (my) permission to take said applicant to any hospital, emergency room, or physicians office, and I further authorize any qualified physician to administer required emergency treatment or surgery. With my permission given to any hospital or doctor to treat said applicant with whatever treatment necessary, I also agree to assume responsibility for any expenses involved in these emergency procedures.

Date \_\_\_\_\_ Relationship \_\_\_\_\_ Signature(s) \_\_\_\_\_

Camper fee included: \$ \_\_\_\_\_

Balance to be paid at check-in

Donation to WKYC: \$ \_\_\_\_\_

Please complete all blanks of this form and return to:

Mark Porter, director

3366 N. Eskew Rd.

Boonville, IN 47601