2019 JUNIOR HIGH SUMMER CAMP
HEALING NATIONS Application Form

209-988-2814

GENERAL INSTRUCTIONS: **Please complete form and place participant's name in memo section of your check.**

2019 Jr High Camp
6/17/19 – 6/21/19

(for office use only)
Date rec'd:_____
Dep. Paid:_____
Additional Paid:_____
Medical Form
Rec'd:

PERSONAL INFORMATION

Applicant's name (print): Last	First	Middle
Current Grade (if under 18)	Sex: Female ☐ Male ☐	
Street Address:		
City:	State:	Zip:
Birth Date: / /		
Telephone: ( )	Cell Phone:	
Emergency Phone:	E-mail:	

Swimming proficiency: ☐ Can't Swim ☐ Beginner ☐ Intermediate ☐ Skilled

2019 Jr High Camp	**Due Date**	**Amount_____**

I hereby certify that I have read this page and that all information concerning the participant is accurate to the best of my knowledge.

Applicant's signature:_____ Date_____

Parent/Guardian Name (printed)_____

Parent/Guardian Signature_____ Date_____

AGREEMENT AND RELEASES

Compliance with Rules: Healing Nations maintains a standard of conduct and dress based on God's Word. These standards and rules include, but are not limited to: No possession or use of alcohol, tobacco or illegal drugs; no sexual misconduct, theft, smoking, disorderly conduct, profanity, destruction of property or refusal to cooperate fully with the Healing Nations staff.

Photo Release: I/we also hereby give consent to the nonexclusive, noncommercial reproduction, publication or use by Healing Nations or anyone authorized by them for any pictures or photographs (still, video or motion, individual or group), taken of the applicant at any event or related activities (including travel) or, if taken during any other church related activities, together with any caption or descriptive material, including the individual participant's name, without compensation to the undersigned. Said picture(s) may be used without limitation on Healing Nations website, in Healing Nations publications, in videos or promotions created by Healing Nations.

General Release: In consideration of the applicant's being allowed to attend the Navajo Mission Trip, I/we hereby release, indemnify, save and hold harmless and covenant not to sue Healing Nations its employees, volunteers and helpers from/for any actions, claims, demands or suits which are based upon, or result from injuries sustained by the applicant arising out of, or in the course of, said applicant's participation or attendance. This release, however, shall not apply to claims covered by Healing Nations liability and no-fault accident insurance, but is applicable to claims not covered by that insurance.

Parent(s) of Minors only: I/we have read the above and do hereby give permission for *(applicant's name)* _____ *to* attend the Navajo Mission Trip, to be transported in designated vehicles for any off-site activities and to participate in all the activities (unless otherwise noted on the Medical Release Form and in the space on preceding page). Permission is hereby given to search the participant's belongings or living quarters with him/her present when health, well-being or safety of the participant or others requires it or where there has been some evidence of his/her possession or use of forbidden materials or substances. I/we believe my/our son/daughter is in good health and can participate in strenuous activities and the usual routine associated with the Navajo Mission Trip. I/we verify and concur that the information supplied in this application and on the Medical Release Form is true and compete.

Primary phone number(s):_____Phone number(s) of friends/relatives:_____

Do you require any special needs such as facilities, medical attention, allergies, supervision or counseling ☐ Yes ☐ No. If yes, please describe:_____

_____

_____

Signature(s): I have read, fully understand and agree to the foregoing, including the photo and general release statements above.

_____ _____

Applicant's Signature Date

_____ _____

(If under 18) Parent/Guardian Signature Date