

2017

RAD Campership Application



BIG LAKE YOUTH CAMP

2017

RAD Campership Application

Camper's Name _____
Last First MI

Please sign "Consent & Authorization" on back of form and mail or fax application and \$50 deposit to:
Big Lake Youth Camp
19800 Oatfield Rd.
Gladstone, OR 97027-2546
Business Office Phone: (503) 850-3583
Business Office Fax: (503) 850-3483
Camp Phone: (503) 850-3562
For more info. please visit www.biglake.org

RAD Campership Application—2017

Our Campership Scholarships are made possible through the generosity of our donors. Those who qualify to receive a Campership Scholarship can attend one of our RAD Camps listed below for a discounted price.

All applicants must complete this application and have a teacher or pastor (church affiliation does not matter) complete an online recommendation form on the camper's behalf. The recommendation form is available here:
http://biglake.wufoo.com/forms/campership-recommendation-form/

Campers will not be registered for camp until our office has (1) received and reviewed the Campership Application and recommendation form and (2) received the \$50 deposit.

Campership funds are distributed on a first-come, first-served basis to those who qualify until the fund is used up for the current camping season. Qualifying applicants can receive the Campership Scholarship a maximum of 2 times. ***Campership funds are not available for Family Camp sessions or for RAD Staff in Training, Wrangler in Training or Counselor in Training.

STEP 1

RAD Camp

Rank your first, second and third choice RAD Camp by marking 1, 2 and 3 next to the camp. In the event your first choice is not available, you will be placed in your second choice, etc.

Table with columns: Camp, Age, Date, Standard Fee, Fee with Campership Scholarship. Lists various camps like Advanced Rock Climbing, Back Country Adventure, Basketball, Golf, etc.

STEP 2

Transportation

Please check all that apply. Transportation on the Big Lake bus is \$60 roundtrip, \$30 one way.

I will travel to camp on the Big Lake bus from:
Gladstone Roseburg Salem Springfield

I will travel from camp on the Big Lake bus to:
Gladstone Roseburg Salem Springfield

I will travel to camp and from camp by my own transportation.

STEP 3

Food Allergies - Please list any food allergies or dietary restrictions

STEP 4

Fees

- \$ Fee with Campership Scholarship
\$ Bus Fare, \$60 Roundtrip, \$30 One Way
\$ Week in Review Video (via email), \$10
\$ Spending Money for the Big Lake Mall, suggested \$25-\$80
+ \$ Donation to Big Lake's Campership Fund
\$ Fees Total

Discounts

- \$ \$25 Paid-in-Full Discount
If reservation is paid in full before 12:00am PST on March 1, 2017
+ \$ \$10 Multiple Child Discount
\$10 off per camper after first child. Does not apply to Family Camp 1, 2, or Family RAD
\$ Discounts Total

Total Due

- \$ Fees Total
- \$ Discounts Total
\$ Total Due

STEP 5

Please list your family's contributions to camp fees:

- \$ Personal Funds
savings, loose change jar, etc.
\$ Camper's Initiative
mowing, raking, letters of request, walk-a-thon, etc.
\$ Extended Family
grandparents, aunts & uncles, etc.
\$ Outside Sources
Local church, employer assistance, friend, etc.

STEP 6

Family Finances

- \$ Family Monthly Income
of Adults in Household
of Children in Household

STEP 7

Payment Options

One check, money order, or Visa/MC payment for each application is advised. For ease of registration, we suggest you include full payment with this application. Please note, minimum deposit of \$50 is due for registration to be processed. There is a \$40 charge for returned checks. Final payment and changes to reservation must be made 7 days prior to camp. Reservation must be paid in full before camper is checked in to camp.

I will be paying by cash check Visa or MasterCard

Card # Exp. Date

Security Code Billing Zip Code

Cardholder's Name

Cardholder's Phone

Cardholder's Signature Date

\$ Amount Enclosed/Authorized to Charge

Note: Minimum deposit of \$50 due for registration to be processed

STEP 8**Contact Info**

Camper's Name _____ Age at Camp _____ Birth Date _____ Sex: M F
 Address _____ City _____ State _____ Zip _____
 Father's Name _____ Home Phone _____ Work/Cell _____
 Mother's Name _____ Home Phone _____ Work/Cell _____
 E-mail address _____
 Parents' Marital Status: Married Divorced Single Widowed Legal Guardian _____
 Religious Denomination _____ Home Church _____ Pastor's Name _____

STEP 9**Alternate Pick-Ups**

When being picked up from Big Lake Youth Camp or one of our bus stops, campers will only be released to persons listed on their approved alternate pick-up list. Any individual picking up a camper will be required to show ID before the camper is released into their care. This check-out process is for your camper's safety. We cannot send your child home by any mode other than what you have indicated on this form unless you, the parent or guardian, give us written and signed permission. If someone other than the parent/guardian or the names listed here as an alternate pick-up is to pick up your camper, please send a signed and dated note with your camper to camp. Please list here authorized alternate pick-ups.

First & Last Name _____ Phone _____ Alt. Phone _____
 First & Last Name _____ Phone _____ Alt. Phone _____
 First & Last Name _____ Phone _____ Alt. Phone _____

2017 Consent & Authorization Form

All parents/guardians must sign the consent & authorization form. Please print clearly.

Consent to Medical Treatment and Authorization to Release Information

We, the undersigned parent or guardian of _____, a minor, do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the general or special instructions of the family physician, _____, Whose phone number is _____, or any physician the camp may call, whether such diagnosis or treatment is rendered at the office of said physician, at a licensed hospital, or at the camp. It is understood that in the case of a major accident or illness, reasonable effort will be made to reach the doctor listed above before any other physician is called by the camp.

- It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Big Lake Youth Camp or the physician to exercise their best judgment as to the requirement of such diagnosis or treatment.
- We hereby authorize any hospital or physician, or any other person who has attended or examined said minor to furnish the camp's insurance company or its representative any and all information with respect to any illness, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records.
- I hereby give my consent for said camper to participate in regular Big Lake Youth Camp activities including archery, art, the Blob, BMX biking, Camp Olympics, canoeing, Capture the Flag, digital photography, drama, geocaching, gymnastics, horseback riding, Mt. biking, rock climbing, the Rocket, sailing, sports, survival adventure, swimming, videography, wakesports, and windsurfing.
- I hereby give my consent for said camper to ride a designated Big Lake bus or, in occasional circumstances, a camp-approved private vehicle for any camp-related activities.
- I release all photos and videos taken for Big Lake Youth Camp promotions.
- I do support and agree to abide by all camp regulations and policies and to uphold its objectives.
- A photo copy of this authorization shall be considered as effective and valid as the original.
- This consent shall remain in continuous effect until revoked in writing or until said minor is removed by the parent or guardian from the care of Big Lake Youth Camp.

Signature of Parent or Guardian _____ Date _____

Important: Medical Information

In planning for the camping season we have endeavored to create as safe an environment as possible, while still allowing for campers to experience adventure and be challenged physically. A nurse and physician and/or EMT are on site and available 24 hours a day, 7 days a week for medical needs. In the event a camper needs medical attention the consent to medical treatment will be used. It must be completed and signed before we can accept the application. Every effort will be made to contact the parent/guardian for any accident or illness.

Campership Cancellation Policy

1/2 Camp Fees/Rentals: Refunds, less the non-refundable \$50 processing fee, will be given until midnight 14 days prior to camp. If cancellation request is made within 14 days prior to camp, a 50% refund will be issued on camp and rental fees.

If we receive your paperwork but are unable to register you because the year's Campership Funds have been depleted, we will refund the entire amount of your deposit.

Office Use Only

Date Received _____

Date Processed _____

Notes: