

FAR CAMP APPLICATION 2019

Full Name: _____

Birthdate _____ Age: _____ Grade of school completed _____

Address: _____

City: _____ State: _____ Zip code: _____

Parents' names: _____

Phone Numbers: Please list any that will help us reach you: Home, Cell, Parents, Work, Camper

Phone Number _____ Name/Relationship _____

Phone Number _____ Name/Relationship _____

Phone Number _____ Name/Relationship _____

Alternate emergency contact name, relationship and phone:

Name _____ Relationship _____ Phone _____

Parent's e-mail _____

Camper's e-mail _____

T-shirt size (circle one): Adult Unisex: S M L XL XXL XXXL

Dietary restrictions or preferences: _____

Camper's Agreement

I look forward to a week of Bible study and fellowship and agree to abide by all rules of the camp, including: (Please initial each rule, indicating you understand and accept)

- Attendance of all scheduled events is expected. Exceptions require prior approval.
- No cell phones or entertainment devices. These will be collected at check-in and returned at check-out. There will be cell phones available for emergencies.
- Casual clothing will be acceptable for daily wear at camp. Modest clothing is expected. Knee length shorts are allowable (knee length when sitting).
- Respectful attitude and speech toward other campers, teachers, counselors and staff and respect for the property of the campsite, the camp, and other campers is expected.

Camper signature _____ Date _____

KEEP THIS PAGE FOR YOUR INFORMATION:

- Check-in: Sunday, August 18 at 3:00 PM
- Check-out: Friday, August 23 at 9:00 AM
- FAR Camp is held at: Spruce Lake Retreat, Canadensis, PA 18325
Wilderness Camp Area
- Camp fee is \$135.
- Please make check payable to: School of Good Works
- Mail Registration and Payment to:
Cami Bunting
929 West End Ave. Apt 5D
New York, NY 10025

For further information, questions, contact Cami Bunting
farbiblecamp@gmail.com or
212 729-8360

Suggested Packing List:

Non-electronic Bible, Notebook and Pens/Pencils
Medication – in pharmacy bottles, labeled and with directions
Bedding (Sheets and Blanket or Sleeping Bag, Pillow)
Towels and Washcloths
Personal Items for shower: Shower Flipflops, Caddy or Ziploc Bag
Hoodie or sweatshirt
Spending money (if you want snacks and drinks)

Some helpful items:

Flashlight
Watch or Alarm Clock (Cell phones as alarms not allowed)
Tennis shoes
Bug Spray
Sun Screen
Hat and Sunglasses
Small Fan (we will have several available)
Camera
Bag for dirty laundry
Water bottle

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FAR Camp Medical Information Form 2019

Please submit this form with your application and a photocopy of your insurance card (front & back)

Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Known Food or Drug Allergies _____

Health History-Please circle any that apply, or give us any pertinent information (see below) that will help us keep your child well, or in case of emergency.

Hospitalizations, Surgeries, Asthma, Allergies, Sinus Infections, Headaches, Earaches, Dizziness/fainting, Heart trouble, Seizures, Urinary infection, Diabetes, Blood condition, Eye Condition, Physical handicaps, Injuries, Breathing difficulties

*Note: If you use an inhaler, you must bring it to camp with you.

- 1. Explain any of the conditions checked above: (Can use back of the page)
2. Describe medications taken in the last 12 months for the condition checked:
3. Is camper currently taking any medication(s)? NO / YES.

If yes, please state name of medication(s) and dosage. (ALL PRESCRIPTION MEDICATIONS MUST BE IN THE CONTAINER WITH THE PHARMACY LABEL)

4. What non-prescription medications do you give permission for your child to take while at camp? (ANY MEDICATIONS SENT WITH YOUR CHILD TO CAMP MUST BE IN A CONTAINER WITH IDENTIFICATION OF MEDICATION AND DOSE TO BE GIVEN)

_____ Pain Relief or Fever Control (Tylenol, Advil, etc.)
_____ Decongestant (Sudafed, etc.)
_____ Antihistamine (Benadryl, etc.) _____ Others

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5. Does your child have any condition that limits physical activity or sports?

NO / YES

Describe:

6. Does your child wear any type of medical alert identification? NO / YES

(If yes, attach a note from the physician for permission to attend this camp and an explanation of what is to be done in an emergency)

7. Date of last Tetanus injection (if unknown, please indicate such)

IN CASE OF AN EMERGENCY: Please list at least three numbers where we can reach you or an emergency contact

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Other _____

I HEREBY AUTHORIZE PHYSICIANS, NURSES AND ASSISTANTS OF THE LOCAL HOSPITAL TO PERFORM ALL TREATMENTS AND PROCEDURES AS ORDERED AND DEEMED NECESSARY IN CASE OF AN EMERGENCY UPON:

Camper (if responsible for self) Print and sign _____

Parent/Guardian (Print and sign) _____

Date _____

(Copy both sides of Insurance Card and Attach)