



# MiVoden Family Camps Application 2008

## FAMILY GROUP INFORMATION

Family Name (last) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Husband \_\_\_\_\_ Birthdate \_\_\_\_\_ Wife \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_  
 Home Church \_\_\_\_\_ Denomination \_\_\_\_\_

### CAMP SELECTION

Check the Camp you would like to attend.

#### Regular Family Camps

- Family 1—July 20-27 (Limit 100)
- Family 2—August 3-10
- Family 3—August 17-24

#### Specialized Family Camps\*

- Medical Dental — July 27-August 3
- National Singles\* — August 24-Sept. 1

(Call for Separate Brochure)

\*Note — This Camp provides additional program options that include an additional fee of \$50.00 per adult.

### CAMPER FEES

(all fees are per person)

Adult Cabin	\$270.00
Child Cabin (6-16)	\$235.00
Adult RV	\$235.00
Child RV(6-16)	\$200.00
Children 0-5	Free!

Specialized Family Camps add \$50.00  
per adult to the above fees.

### FINANCIAL CALCULATIONS

#### Cabin

# of Adults \_\_\_\_\_ x Fee \_\_\_\_\_ = \_\_\_\_\_  
 # of Children (6-16) \_\_\_\_\_ x Fee \_\_\_\_\_ = \_\_\_\_\_  
 # of Children (0-5) \_\_\_\_\_ x (Free!)

#### R.V.

# of Adults \_\_\_\_\_ x Fee \_\_\_\_\_ = \_\_\_\_\_  
 # of Children (6-16) \_\_\_\_\_ x Fee \_\_\_\_\_ = \_\_\_\_\_  
 # of Children (0-5) \_\_\_\_\_ x (Free!)

Specialized Camp \_\_\_\_\_ x \$50.00 = \_\_\_\_\_

Subtotal..... \$ \_\_\_\_\_

### DISCOUNTS

Subtotal (from previous column) ..... \$ \_\_\_\_\_

-\$30 UCC Members Discount (For each paying person)\$ - \_\_\_\_\_

-\$20 Discount x # in family (6 and over) \$ - \_\_\_\_\_

(If Paid in full by February 19)

#### OR

-\$10 Discount x # in family (6 and over) \$ - \_\_\_\_\_

(If Paid in full by May 21)

Total Fee..... \$ \_\_\_\_\_

Amount Enclosed (Min \$75 Non-refundable Deposit)\$ \_\_\_\_\_

Balance Due..... \$ \_\_\_\_\_

### Payment can be made by Visa or MasterCard

Name of Card Holder \_\_\_\_\_ Amount Billed \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Name(s) of Children or other guests included as a part of this application:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Mail to: Camp MiVoden, P.O. Box 19039, Spokane WA 99219

The health form on the reverse side is REQUIRED TO COMPLETE YOUR APPLICATION!



## Health and Medical Information

*To assist our medical staff, please fill in the information below as complete as possible for each family member. If you need more space, please attach a separate sheet of paper.*

<b>MEDICAL RECORDS</b>	Camper Name:	Camper Name:	Camper Name:	Camper Name:	Camper Name:	Camper Name:
<b>Allergies to drugs?</b> Plants? Bee Stings? Foods? Other? (Please list all allergies for each person)						
<b>Immunizations</b> (Please note month/year) Tetanus Polio TB MMR Activity Restrictions? Medications? Medical Restrictions? Medical History (if notable)						

**Emergency Authorization**  
 In case of emergency, I hereby give permission to the physician(s) selected by the camp directors to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. As parent or legal guardian of the applicant, I am in favor of him/her attending camp, and accept the conditions named. The health history and application information are correct as far as I know, and the persons herein described have permission to engage in all prescribed camp activities, except as noted. In addition, I have read and understand the **EMERGENCY AUTHORIZATION** statement and give my full consent to the terms found therein. (This form may be photocopied for use out of camp.) As the applicant, I agree to abide by ALL camp regulations and policies and to uphold its objectives.

**Parent/Guardian/Attendee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participation and Consent Release for Camp MiVoden – Upper Columbia Conference of SDA**  
 Camp MiVoden has done everything reasonable to assure that our camp programs (including challenge course, rock climbing, zipline and horsemanship) have been made as safe as possible. However, we wish to inform you that camp activities are not without risk. As in any camp activity, such as challenge course, zip line, rock climbing, or horsemanship, inherent risks exist and may result in serious injury or death. Your camper should only participate after you have read the description of all the activities in the camp brochure and other camp materials. Please note, challenge course, zip line, rock climbing and horsemanship are not required activities. Should you not want your camper to participate in any of these specific programs, please list them in writing on a separate sheet of paper and attach it to the application when mailing it in. Phone calls are not acceptable for exclusion. If you have any questions, please call (208) 772-3484.

**Parent/Guardian/Attendee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Contract of Release & Assumption of Risk Agreement**  
 I realize camp activities have inherent risks. I knowingly accept and assume this risk, and agree to release Camp MiVoden, its employees and the Upper Columbia Conference of SDA, and its parent organizations from liability in case of accident or illness. Photographs and video of applicant may be used for camp promotional material.

**Parent/Guardian/Attendee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_