



# MiVoden Family Camps Application 2012

**FAMILY GROUP INFORMATION**

Family Name (last) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell 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—August 5-12  
 Family 2—August 12-19  
 Family 3—August 19-26

**Specialized Family Camps**  
 Medical Dental — July 29-August 5

**CAMPER FEES**

*(All Prices are per person)*

Adult Cabin	\$300.00
Child Cabin (6-16)	\$265.00
Adult RV	\$265.00
Child RV(6-16)	\$230.00
Children 0-5	Free!

**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!)

**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 January 12)

**OR**

-\$10 Discount x # in family (6 and over) \$ - \_\_\_\_\_  
 (If Paid in full by May 11)

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

Amount Enclosed (Min \$75 Non-refundable Deposit) \$ \_\_\_\_\_  
**Balance Due (Due three Weeks Prior to Camp) \$ \_\_\_\_\_**

**Payment can be made by Visa or MasterCard**

Name of Card Holder \_\_\_\_\_ Amount Billed \_\_\_\_\_  
 Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Name(s) of Children included in this application** (Note: If you are not the legal guardian, please have the legal guardian complete the youth camp health form.):

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

**Mail to: Camp MiVoden, P.O. Box 19039, Spokane WA 99219 or fax (509)-242-1506**  
**For additional information or to register online visit our website at [www.mivoden.com](http://www.mivoden.com) or call 509-242-0506**  
**The health form on the reverse side is REQUIRED TO COMPLETE YOUR APPLICATION!**



## Family Camp 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:
Allergies to drugs? Plants? Bee Stings? Foods? Other? (Please list all allergies for each person)						
Physical, Mental/ psychological health conditions requiring consideration at camp						
Immunizations (Please note month/year) Tetanus Polio TB MMR						
Activity Restrictions? Medications? (include OTC) Medical Restrictions? Medical History (if notable)						
Family Physician Name/Phone						

### 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. Camp MiVoden is not responsible for lost or damaged personal items, including cameras and personal recreational equipment, etc. Photographs and video of applicant may be used for camp promotional material.

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