



YOUTH CAMP APPLICATION 2024

STEP 3 Fill in Personal Information

Camper Name (First) _____ (Last) _____
 Address _____ City _____ ST _____ Zip _____
 Primary Phone _____ (Circle one) Male Female Age _____
 E-mail _____ Birthdate _____
 Parent/Guardian Names _____
(Please fill in phone numbers on the next page)
 Roommate Request(s) _____
 Counselor Request 1st choice _____ 2nd choice _____
 Home Church _____ Denomination _____

CAMPER PICK-UP INFORMATION

Person(s) authorized to pickup camper from camp or bus (For additional names, attach another page)

Name _____ Relationship to camper _____ Phone _____
 Name _____ Relationship to camper _____ Phone _____

BUS: Please Circle One Choice— None Walla Walla (\$65) Tri-Cities (\$65) Ritzville (\$45) Spokane (\$45)

All fares are round-trip. Sorry, no discounts for one-way trips.

STEP 4

FEES AND EXPENSES:

Camp you plan to attend _____ Date _____ Amt. \$ _____
 Class Fees (See fee schedule in column to left) Amt. \$ _____
 Bus Fare (no one-way discount) Amt. \$ _____
 Spending money for the store Amt. \$ _____
 Offering for church Amt. \$ _____
 Child Care \$10.00/hour (for early arrival or late departure) Amt. \$ _____

Theme T-Shirt Circle Size Youth S M L XL
Cannot be ordered after 6/1/2023 Adult S M L XL.....\$14.00 each.....Amt. \$ _____
 Special Hoodie Circle Size Youth S M L XL
Cannot be ordered after 6/1/2023 Adult S M L XL.....\$27.00 each.....Amt. \$ _____

Care Package Snack Pack Circle Day \$9 ea Mon Tue Wed Thu Fri.....Amt. \$ _____

Care Package Goodie Box include small stuffed animal and snacks
 Circle Day \$15 ea Mon Tue Wed Thu Fri.....Amt. \$ _____

Donation (Circle One) Needy Camper Fund or Camp Development Amt. \$ _____

SUBTOTAL \$ _____

DISCOUNTS:

\$70.00 Discount for Upper Columbia Conference Members -\$ _____

Multiple Week or Extra Week Discounts

\$10.00 Family Discount off each app for siblings attending the same summer ... -\$ _____

\$10.00 For each week attending camp after the first regular week fee paid -\$ _____

TOTAL AMOUNT \$ _____

AMOUNT ENCLOSED (\$75.00 minimum non-refundable deposit) \$ _____
 (Payments by check, Visa or MasterCard are accepted)

BALANCE DUE (Due June 1, 2024) \$ _____

STEP 1

Basic Youth Camps

Camp	Age	Date	Cost
<input type="checkbox"/> Junior Camp	11-13	June 30-July 7	\$579
<input type="checkbox"/> Adventure Camp	9-10	July 7-14	\$579
<input type="checkbox"/> Teen Camp	14-17	July 14-21	\$549

Ultimate Camps

<input type="checkbox"/> Extreme Teen Camp 1	14-17	June 30-July 7	\$679
<input type="checkbox"/> Junior Equestrian Camp	10-12	June 30-July 7	\$679
<input type="checkbox"/> Tween Survival Camp	12-14	June 30-July 7	\$679
<input type="checkbox"/> Teen Wakeboard Camp 1	14-17	June 30-July 7	\$679
<input type="checkbox"/> Extreme Teen Camp 2	14-17	July 7-14	\$679
<input type="checkbox"/> Teen Equestrian Camp	14-17	July 7-14	\$679
<input type="checkbox"/> Junior Survival Camp 1	14-17	July 7-14	\$679
<input type="checkbox"/> Teen Wakeboard Camp 2	14-17	July 7-14	\$679
<input type="checkbox"/> Extreme Tween Camp	12-14	July 14-21	\$679
<input type="checkbox"/> Tween Equestrian Camp	12-14	July 14-21	\$679
<input type="checkbox"/> Junior Survival Camp 2	10-12	July 14-21	\$679
<input type="checkbox"/> Tween Wakeboard Camp	12-14	July 14-21	\$679
<input type="checkbox"/> Ultimate Art	11-14	July 14-21	\$679
<input type="checkbox"/> Advanced Equestrian	13-17	July 21-28	\$679
<input type="checkbox"/> SIT Camp	16-17	July 21-28	\$399

STEP 2

Rank your class choices by marking 1, 2, 3, etc., in the boxes below. You will be assigned **1 or 2** of these based on **availability and schedule**. Please mark at least 6 choices below as some classes may be full.

<input type="checkbox"/>	Archery	<input type="checkbox"/>	Paddleboarding
<input type="checkbox"/>	Arts & Crafts	<input type="checkbox"/>	Sailing
<input type="checkbox"/>	Cake Decorating (\$7)	<input type="checkbox"/>	Skateboarding
<input type="checkbox"/>	Canoeing	<input type="checkbox"/>	Snorkeling
<input type="checkbox"/>	Ceramics	<input type="checkbox"/>	Sports Activities
<input type="checkbox"/>	Challenge Course!!	<input type="checkbox"/>	Swim Lessons
<input type="checkbox"/>	Drama	<input type="checkbox"/>	Ukelele
<input type="checkbox"/>	Guitar	<input type="checkbox"/>	Unicycling
<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	Wakeboard/Waterski
<input type="checkbox"/>	Horsemanship*	<input type="checkbox"/>	Water Toys
<input type="checkbox"/>	Model Rocketry	<input type="checkbox"/>	Wilderness Survival
<input type="checkbox"/>	Mountain Biking	<input type="checkbox"/>	Zipline

* Must have hard-soled shoes, 2" heels and long pants for this class.
 !! This class is offered as a 2-period class
 We do our best to accommodate your requests; however, class schedules are subject to change and many classes fill up.

For payment by Visa or MasterCard (circle card type) please complete the following information:

Name on Card _____
 Amount Billed _____ Expiration Date _____ Card # _____

STEP 5

Fill out health information and emergency authorization on reverse side of this form.

NOTICE! This application is **NOT COMPLETE** until the health form and emergency authorization is filled in and signed.

STEP 6

Mail this application and your payment to the following address or go online and register at www.mivoden.com
Camp MiVoden, 3715 S Grove Road, Spokane WA 99224 or fax (509) 242-1506

For additional information see www.mivoden.com or call 509-242-0506 and ask for MiVoden Information.

Camp MiVoden Youth Camp Health, Emergency Authorization and Activity Release

Camper's Name _____ **Age** _____ **Date of Birth** _____
Legal Guardian's Name _____ **Cell#** _____ **Email** _____
Legal Guardian's Name _____ **Cell#** _____ **Email** _____
Address _____ **City** _____ **State** _____ **Zip** _____

Allergies

- No Allergies
- Medicine: _____
- Environment: _____
- Food: _____
- Other: _____

Diet, Nutrition

- I eat a Vegetarian Diet
- I eat a Vegan Diet
- I have special food needs: _____

Restrictions

- I have reviewed the program and activities of the camp and feel that I can participate without restrictions.
- I have reviewed the program and activities of the camp and feel that I can participate with the following restrictions or adaptations.

Medications

- I will not take any daily medications while attending camp.
- I will take medication(s) while at camp. ****Please Note: All medications and vitamins must be in original containers and turned into the Camp Medical Staff to secure and dispense. Prescription medication must have campers name and prescribing doctor****

Medication is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Please send all medications in their original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.

The following non-prescription medications may be stocked in the camp health Center and are used on an as needed basis to manage illness and injury. Please check the medications that are approved for the Medical Staff to disperse to your child.

Colds/Sore Throat

- Multi-Vitamin
- Vitamin C
- Cough/Cold Medicine
- Cough Drops
- Sore Throat Spray

Allergies

- Loratadine (Clartin)
- Benadryl
- Antihistamine

Constipation

- Natural Bowel Stimulant
- Milk of Magnesia

Upset Stomach

- Activated Charcoal
- Pepto Bismal

Headache

- Tylenol
- Ibuprofen

Sleep

- Melatonin

Eyes

- Soothing Eye Drops

Skin Condition

- Aquaphor (Healing Ointment)
- Lip Ointment
- Calamine
- Aloe

Insect Bites

- Hydro-cortisone cream 1%
- Medcaine Swabs (Bee Stings)

Head Lice

- Lice Shampoo

General Health History

Has/Does the camper:

- Have recurrent/chronic illnesses Yes No
- Have a recent infectious disease Yes No
- Has a recent injury Yes No
- Had asthma/wheezing/shortness of breath Yes No
- Have diabetes Yes No
- Had seizures Yes No
- Had headaches Yes No
- Wear glasses, contacts or protective eyewear Yes No
- Had fainting or dizziness Yes No
- Passed out/had chest pain during exercise Yes No
- Had mononucleosis ("mono") during the past 12 months Yes No
- If female, have problems with periods/menstruation Yes No
- Have problems with falling asleep/sleepwalking Yes No
- Ever had back/joint problems Yes No
- Have a history of bedwetting Yes No
- Have problems with diarrhea/constipation Yes No
- Have any skin problems Yes No
- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD) Yes No
- Ever been treated for emotional or behavioral difficulties or an eating disorder Yes No
- During the past 12 months, seen a professional to address mental/emotional health concerns Yes No
- Had significant life event Yes No

Please Explain "Yes" answers. _____

Name Primary Physician (s) _____

Phone _____

Parental Notification Policy

Since all treatment of campers shall be recorded, a record of all emergency and first aid treatment by Camp MiVoden staff and volunteers shall be filed in the Camp MiVoden health and medical files. After the initial examination, the parent or legal guardian shall be notified if condition warrants it, or if camper is sent to see the Camp Physician or to an emergency department

Activity Disclosure and Release for Participation in Camp MiVoden's Program – Upper Columbia Conference of SDA

Camp MiVoden has done everything reasonable to assure that our camp programs (including, but not excluded to, challenge course, rock climbing, zipline, water activities, 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, zipline, rock climbing, water activities, or horsemanship, inherent risks exist which may result in serious injury or death. Your camper should only participate after you have read the description of all the activities on the camp website and/or other camp materials. Please note, challenge course, zipline, rock climbing, water activities, 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 (509) 242-0506.

Emergency Treatment Authorization

In case of emergency, I hereby give permission to the physician(s) selected by the camp directors to hospitalize, to 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 person herein described has permission to engage in all prescribed camp activities, except as noted. In addition, I have read and understand this **EMERGENCY TREATMENT AUTHORIZATION** statement and give my full consent to the terms found therein. (This form may be photocopied for use out of camp.)

Contract of Release & Assumption of Risk Agreement

By signing below, I acknowledge that I have read the above two statements and consent to their conditions. 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. (If personal recreation equipment is brought, it can only be used according to MiVoden procedures and protocol by the owner.) I also agree that photographs and video of the applicant may be used for camp promotional material. I agree to abide by ALL camp regulations and policies and to uphold its objectives.

Parent/Guardian Signature _____ Date _____