

**Bandina Christian Youth Camp Application**  
**July 3-9, 2011**

<hr/> Camper's Last name	<hr/> Camper's First Name	<hr/> Gender	
<hr/> Street Address	<hr/> City	<hr/> State	<hr/> Zip Code
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Must be 10 yrs. old by Sept. 1, 2011 to attend.</div>	<hr/> School Grade – fall '11	<hr/> Birth Date (mm/dd/yyyy)	
<hr/> Camper's Current Age	<hr/> Parent/Guardian's Name		
<hr/> Parent/Guardian's E-Mail Address		<hr/> Parent/Guardian address if different from camper's	
<hr/> Home Phone (with area code)	<hr/> Friend's Phone (with area code)	<hr/> Relative's Phone (with area code)	
<hr/> Church Preference	<hr/> Congregation Camper Attends	<hr/> Baptized Member (Yes/No)	
<hr/> Parent/Guardian's E-Mail Address		<hr/> Parent/Guardian's Signature	

**Camp Fee is \$165.00.** Please make checks payable to Bandina Christian Youth Camp.  
(Check the appropriate item below.)

- \_\_\_\_\_ I have enclosed \$165.00 for my total camp fee.  
\_\_\_\_\_ I have enclosed \$20.00 deposit for my camp reservation.

We prefer the total camp fee with the application. If you make the deposit only, the total camp fee must be paid by **June 18, 2011** in order to secure your spot. Camp fees will be refunded if requested 14 days before Camp.

**T-Shirts are an additional \$10 and must be paid for when ordered.** *Check the appropriate item below.*

- \_\_\_\_\_ I have enclosed \$10.00 for my T-shirt.      \_\_\_\_\_ I am not ordering a T-Shirt at this time.

*Please mark shirt size if ordering. T-shirt orders must be received by **June 1** to guarantee size.*

- \_\_\_\_\_ Youth Small    \_\_\_\_\_ Youth Medium    \_\_\_\_\_ Youth Large    \_\_\_\_\_ Adult Small  
\_\_\_\_\_ Adult Medium    \_\_\_\_\_ Adult Large    \_\_\_\_\_ Adult X L    \_\_\_\_\_ Adult XXL

**Return this card to:**

Allen Doubrava  
726 Wildwood Dr.  
Corpus Christi, TX. 78410

Director  
Gene Polvado  
281-342-7309

Co-Director  
Allen Doubrava  
361-241-4792

*Applications will not be processed if the Nurse's Form on the back of this page is not completed.*

## Bandina Christian Youth Camp Nurse's Form

Please Print Neatly

Name of Camper \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Parent or Guardian's Name: \_\_\_\_\_ Home Phone (w/area code) \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_ Cell Phone (w/area code) \_\_\_\_\_

Parent/Guardian's Work Phone (w/area code) \_\_\_\_\_

Do you have medication or food allergies? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Type of reaction (i.e. rash, difficulty breathing, etc.)? \_\_\_\_\_

**Past medical history** (camper only) – Please answer **Yes** or **No** to each. If yes, please explain.

Heart Problems \_\_\_\_\_

Kidney or Bladder Problems \_\_\_\_\_

Lung (i.e. asthma, etc.) \_\_\_\_\_

Neurological or Mental \_\_\_\_\_

Diabetes \_\_\_\_\_

Stomach/Intestine/Liver \_\_\_\_\_

Thyroid \_\_\_\_\_

Other \_\_\_\_\_

Have you had surgery within the last year? \_\_\_\_\_ If yes, provide explanation \_\_\_\_\_

Will the camper have special medicine with him/her at camp? \_\_\_\_\_ (yes/no) If yes, please list all daily and as needed medications (prescription and non-prescription) your child will/may take at camp.

Name of Medication	Strength (mg)	Time to be Taken	Reason for Medication

**NOTE:** All medications must be in original containers. All prescription medications must have original pharmacy label on containers with camper's name in order to be dispensed at camp.

Has the camper had a tetanus shot within the last six months? \_\_\_\_\_

Has the camper been immunized for the following? (Answer **Yes** or **No** for each item.)

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Diphtheria \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_

I/We understand that camper health information may need to be shared with camp staff to ensure a safe camp experience. I/We hereby give permission for the director and/or camp nursing staff to take \_\_\_\_\_ (print campers name neatly in blank) to the hospital and/or to see a doctor in case of sickness and/or an accident. I/we also give authority and consent for medical and surgical treatment as needed in the judgment of treating physicians. I/We agree the youth camp and its staff will not be held responsible for any accident or sickness incurred by the camper. I/We will never bring any legal action against Bandina Christian Youth Camp, Inc. I/We understand that pre-existing conditions, injuries or illnesses will not be covered by camp insurance. I/We also understand that the camper's personal insurance is primary and camp insurance is secondary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents - You must complete the information below in order for your child to swim at camp.** (Please fill in all of the blanks.)

I/We give permission for \_\_\_\_\_ (print camper's name in blank) to swim while at camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_