

CAMPER APPLICATION 2021 Indian Creek Camp

Family Camper's only fill out the spaces in RED (when applicable).

Which week(s) of camp would you like to attend?

<input type="checkbox"/> Staff-in-Training (Age 15.5-17):	June 6 - 11	<input type="checkbox"/> Family Camp 1 (All Ages):	July 6 - 11
<input type="checkbox"/> Junior Camp (Age 8-10):	June 13 - 18	<input type="checkbox"/> Family Camp 2 (All Ages):	July 11 - 18
<input type="checkbox"/> Tween Camp (Age 10-12):	June 20 - 25	<input type="checkbox"/> Family Camp 3 (All Ages):	July 18 - 25
<input type="checkbox"/> Teen Camp (Ages 13-16):	June 25 - July 2	<input type="checkbox"/> Family Camp 4 (All Ages):	July 25 - Aug 1
<input type="checkbox"/> Lifeguard (Ages 15-17):	July 1 - 6		

ATTENTION:

Is there anyone to whom we should not release your child? NO YES (NAME: _____)

Please Leave at Home: ALL Electronics, Firearms, Knives, and Narcotics. Indian Creek Camp will not be held responsible for any lost or stolen personal items.

Camper would like to room with: _____

ACTIVITIES SELECTION:

• Family Camp, Staff-in-Training, and Lifeguarding do not select from these activities.

Junior, Tween & Teen Campers will be assigned 3 activities that will remain the same throughout the week. The 4th Activity will be selected at camp daily. Rank your top 6 activity choices by numbering them 1-6 with #1 being your first choice. Activity sizes are limited and assignments will be made according to the date your application (with deposit) is received. Please Note: Activities are subject to change.

<input type="checkbox"/> Archery	<input type="checkbox"/> Disc Golf
<input type="checkbox"/> Archery Tag	<input type="checkbox"/> Dodgeball
<input type="checkbox"/> Baking	<input type="checkbox"/> Free Swim (Pool/Slide/Diving Board)*
<input type="checkbox"/> Basketball	<input type="checkbox"/> Horsemanship**
<input type="checkbox"/> Bible Study	<input type="checkbox"/> Mountain Bike
<input type="checkbox"/> Canoes, Paddleboats, Kayaks, & Paddleboards*	<input type="checkbox"/> Nature Discovery
<input type="checkbox"/> Ceramics	<input type="checkbox"/> Super Science/RC Cars
<input type="checkbox"/> Climbing Wall/Zipline/Giant Swing**	<input type="checkbox"/> Swimming Lessons*
<input type="checkbox"/> Crafts	<input type="checkbox"/> Water Trampoline/Mini Blob/Etc...*
	<input type="checkbox"/> Waterskiing/Wakeboarding*
	<input type="checkbox"/> Guitar Class

*One piece swimsuits only.

**Closed Toed Shoes with Hard Soles/Long Pants Required.

Total Camp Fees:

Staff-in-Training: \$285 _____

Junior Camp 1: \$275 _____

Tween Camp: \$275 _____

Teen Camp: \$275 _____

Lifeguarding: \$335 _____

Family Camp 1 Fees:

\$235 Per Person (6 & Under Free)

Name: _____	Fee: _____
Name: _____	Fee: _____
Name: _____	Fee: _____
Name: _____	Fee: _____
Name: _____	Fee: _____
Name: _____	Fee: _____
Name: _____	Fee: _____
Total: _____	

Family Camp 2, 3, 4 Fees:

\$300 Per Person (6 & Under Free)

Name: _____	Fee: _____
Name: _____	Fee: _____
Name: _____	Fee: _____
Name: _____	Fee: _____
Name: _____	Fee: _____
Name: _____	Fee: _____
Name: _____	Fee: _____
Total: _____	

PLEASE MAIL APPLICATION WITH A **NON-REFUNDABLE DEPOSIT OF \$50.00** (per week/per person).

FAMILY CAMP NON-REFUNDABLE DEPOSIT: \$100.00 (per week/per family).

PAYABLE TO: Indian Creek Camp

MAIL TO: PO Box 1088 Goodlettsville, TN 37070-1088.

- The deposit is included in the total camp fee.
- Applications without a deposit will not be processed.
- Checks returned for Non-Sufficient Funds will be charged a \$25.00 fee.

ALL INFORMATION MUST BE COMPLETED: NON-FAMILY CAMPERS please fill out the entire top section including the questions in

Camper's Name: _____ Birthdate: ____/____/____ Age During Camp: _____ Sex: Male Female

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact (name, relation, and phone): _____

Confirmation Email Address: _____

Home Church: _____

ADDITIONAL INFORMATION FOR FAMILY CAMPERS ONLY

If you wish to be baptized at Camp, please let us know when: _____

Adult's Name: _____	Birthdate (mm/dd/yy): _____	Child's Name: _____	Birthdate (mm/dd/yy): _____
Adult's Name: _____	Birthdate (mm/dd/yy): _____	Child's Name: _____	Birthdate (mm/dd/yy): _____
Adult's Name: _____	Birthdate (mm/dd/yy): _____	Child's Name: _____	Birthdate (mm/dd/yy): _____

Contact Us:
 KY-TN CONFERENCE: 615-859-1391
 INDIAN CREEK CAMP: 615-548-4411

HEALTH RECORD

Camper Name: _____ Age: _____ Family (Last Name): _____

This camper is covered by medical/hospital insurance: ___ NO ___ YES (Please enclose a front/back photocopy of your card)

Name of camper's primary doctor(s): _____ Phone: _____

Name of dentist(s)/orthodontist(s): _____ Phone: _____

Restrictions: ___ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

___ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations: _____

Check all that apply to the camper:

<input type="checkbox"/>	Ever had surgery	<input type="checkbox"/>	Ever been hospitalized	<input type="checkbox"/>	Problems with diarrhea/constipation	<input type="checkbox"/>	Traveled outside the country in the past 9 months
<input type="checkbox"/>	Had a recent injury	<input type="checkbox"/>	History of bedwetting	<input type="checkbox"/>	Had asthma/wheezing/shortness of breath	<input type="checkbox"/>	Have problems with falling asleep/sleepwalking
<input type="checkbox"/>	Had headaches	<input type="checkbox"/>	Had fainting or dizziness	<input type="checkbox"/>	Wear glasses, contacts, or protective eyewear	<input type="checkbox"/>	Passed out/had chest pain during exercise
<input type="checkbox"/>	Had seizures	<input type="checkbox"/>	Have any skin problems	<input type="checkbox"/>	Ever had back/joint problems	<input type="checkbox"/>	Had Mononucleosis (mono) in the past 12 months
<input type="checkbox"/>	Have diabetes	<input type="checkbox"/>	Have recurrent/chronic illnesses	<input type="checkbox"/>	Had a recent infectious disease	<input type="checkbox"/>	If female: problems with periods/menstruation

Please explain any checked box in the space below. For travel outside the country, please name countries visited and dates of travel: _____

Any additional information about the camper's health that you might think important: _____

List Allergies, if any / Other (Special Needs): _____

Immunizations:

- Date of last Tetanus booster dT or Tdap (mm/yy): _____
- If your camper has NOT been fully immunized, please sign stating that you understand and accept the risks to your child from not being fully immunized. -Signature of Parent/Guardian: _____ Date: _____ Relation to Camper: _____

Please Note: We are no longer requiring a physical with a physician's signature because campers will be required to do a health screening with our camp nurse upon arrival.

Emergency Authorization: I hereby give permission to the medical personnel to provide routine health care; to administer prescribed medications; and to administer emergency treatment for me/my child, including, but not limited to X-rays, routine tests and treatment and/or hospitalization; and to provide or arrange necessary related transportation for me/my child. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

If the person named herein is a minor, it is my intention that representatives of the camp be considered "personal representatives" for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representative of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities; and if the person named herein is a minor, to provide information to the camp representatives to keep me informed of my child's health situation. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named person. This completed form may be photocopied for trips out of camp.

As an attendee or parent/legal guardian of the applicant, I am in favor of attending or him/her attending Indian Creek Camp, participating in ALL activities including equestrian unless otherwise specified and accept the conditions named. I hereby release the KY-TN Conference Association and Indian Creek Camp and its employees from liability in case of accident or illness.

To the best of my knowledge the health history stated above is correct. I/my child agrees to abide by all camp regulation and polices and to uphold its objectives. I have read and understand the Emergency Authorization statement and give full consent to the terms found therein.

Signature of Parent/Guardian: _____ Date: _____ Relation to Camper: _____

Applicant's Signature: _____ Date: _____

Photo Release: I hereby consent and authorize the Kentucky-Tennessee Conference of the Seventh-Day Adventists, or its assigns, to photograph and publish pictures, audio, and video of me and/or my child(ren), and use my name and likeness and/or my child(ren)'s name(s) and likeness. I understand that photographs may be printed, placed on the organization's various websites, and/or incorporated into promotional material such as brochures and videos.

I hereby waive any claim against the Kentucky-Tennessee Conference of Seventh-Day Adventists for any personal or emotional damage which may arise in connection with the use of these photographs, my name, or my likeness.

I understand the following:

- Illegal or explicit photographs are NOT authorized under this agreement. Should this situation arise, the violating individual or parties are solely liable and are subject to all local, state, and federal laws.
- I am releasing all recorded images, audio, and video for the express use of the Kentucky-Tennessee Conference of Seventh-Day Adventists.
- Neither my child nor I will receive any compensation if our names or likeness is used by the Kentucky-Tennessee Conference of Seventh-Day Adventists.
- The Kentucky-Tennessee Conference of Seventh-Day Adventists and its assigns will hold the copyright to all photographs, videos, and promotional material.
- Should I desire copies of photographs, videos, or audio recordings, there may be a cost involved.
- This release remains valid until revoked in writing.

I understand that by selecting 'yes' or 'no' and signing my name at the end of this form that I am over 18 years of age and agree or do not agree to the terms listed above. If I am signing on behalf of a child, I certify that I am the parent or guardian of the child and am over 18 years of age. I agree to the terms listed above ___ YES ___ NO

Signature of Parent/Guardian: _____ Date: _____ Relation to Camper: _____

Applicant's Signature: _____ Date: _____ (Indicate Yes or No above)

PLEASE REMEMBER TO BRING ANY NECESSARY MEDICINES: INHALERS, EPINEPHRINE SHOTS, VITAMINS, PRESCRIPTION MEDS, ETC...
All medication must be in the original container from the pharmacy with your child's name, name of medication and dosage. Other forms of containers will not be accepted (pill boxes, baggies, etc...). ICC will provide most over the counter medications: Tylenol, Aspirin, Zyrtec, Claritin, Benadryl, Melatonin, etc...