

## Camper Application

(Complete a separate application for **each** camper)

### OFFICE USE ONLY

Date Rec'd \_\_\_\_\_

Deposit Paid \_\_\_\_\_

ATTACH RECENT  
PHOTOGRAPH  
HERE

### Applicant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_  Male or  Female

City \_\_\_\_\_ Birthday \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Camper E-mail Address: \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_ Group Name / ABRV: \_\_\_\_\_

First time Camper at this Camp  2 or more years  I would like to be considered for staff next year

My family:  Does not attend a Church  Attends a GCI Congregation  Attends another Church

How did you hear about Camp?  Youth Leader/Church  Friend  Website/Internet  T-Shirt  Brochure

T-shirt Size  Youth Med.  Youth Large  S (34-36)  M (38-40)  L (42-44)  XL (46-48)  XXL (Over 48)

### Camp Dates & Tuition

CAMP SESSION:	ARRIVAL DATE:	DEPARTURE DATE:	TUITION:
<input type="checkbox"/> Sr Camp (Ages 13-17)	SUN, JULY 15, 2012	FRI, JULY 20, 2012	\$ 290, \$ 265 ADDITIONAL SIBLINGS *
<input type="checkbox"/> Jr Camp (Ages 8-12)	SUN, JULY 15, 2012	FRI, JULY 20, 2012	\$ 290, \$ 265 ADDITIONAL SIBLINGS *

- Sibling discount is \$25 and can be applied to either camp. First child attends at normal rate.
- The child of a Pathways Staff member receives a \$25 discount on top of other discounts.
- Early Bird Discount – There is a \$15 price reduction for all registrations postmarked before **December 31, 2011**.
- Bring new friends to Summer Camp and receive \$10 in Camper Bucks for each friend (Camper Bucks can be used at the camp store in lieu of cash). This assumes you did not need a Pathways scholarship.

I am bringing new friends to camp this year. Their names are: \_\_\_\_\_

The ONE friend I would like to dorm with is: \_\_\_\_\_

*[Requests made less than one month before the camp sessions start date may not be able to be honored]*

### Why would you like to be a camper at Pathways? (To be completed by the applicant.)

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**Tuition Deposit and Payment** (Camp tuition includes food, lodging and T-shirts issued at camp. Each individual is responsible for the expense of all transportation to and from camp.)

<b>Tuition:</b>	\$
<b>Tuition Deposit (Required with application and is applied to tuition payment):</b>	\$ - 30.00
<b>TOTAL TUITION OWED (MUST BE RECEIVED BY 05/31/2012):</b>	\$

To hold a space at camp, a non-refundable tuition deposit of \$30 is immediately required (make checks payable to Pathways). Once the completed application and \$30 deposit are received, an acceptance packet with specific camp information and tuition statement will be sent. Applicant must submit the balance of tuition payment four weeks before arrival date in order to attend camp.

**Parental Consent and Photo Release**

Does the applicant have a condition that limits or prohibits applicant's physical activity? (Circle): **YES / NO** If yes, please explain below. If no response is given, Pathways will assume that the applicant can engage in all camp related activities.

**For parents/guardians of minor applicants (those 17 years of age and younger):** I hereby give Pathways permission to have my child participate in all activities at camp, unless specifically limited above. I give permission for my child to be transported off the camp property to camp-related activities.

**For the applicant:** Pathways may use any photos and videotapes taken of the applicant at any Pathways event in their publications or those of their sponsor, Grace Communion International.

_____ Parent/guardian's signature (Required)	_____ Date	_____ Parent/guardian's signature (Additional signature, if available)	_____ Date	_____ Applicant's signature	_____ Date
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**Application Process**

**APPLICATION PROCESS:** Applications will be reviewed as they are received. Upon receipt of completed application and \$30 non-refundable deposit an acceptance packet with specific camp information and tuition statement will be sent to the camper. The \$30 non-refundable deposit will reserve a space.

**SPACE AVAILABILITY:** Spaces will be filled as non-refundable \$30 deposits are received on a first-come, first-served basis.

**APPLICATION CHECKLIST:**

- Fill out application completely
- Obtain parental/guardian signature
- Attach photo of applicant
- Attach \$30.00 non-refundable deposit (make checks payable to: Pathways)

Mail the application to:

**Pathways Camp  
c/o Brandee Zacharias  
1149 Devon Ave.  
Kettering, Ohio 45429**

[www.pathwayscamp.com](http://www.pathwayscamp.com)

Pathways is a private, non-profit entity hosted by Grace Communion International (GCI). Pathways is staffed by GCI pastors and youth ministers who work with young adult volunteer staff members and the staff of Camp Bountiful where Pathways is held. Our purpose is to promote Jesus Christ and His way of life to all participants. Campers of all nationalities, races, denominations and beliefs are encouraged to join us as we share in Christian worship and life.

# Parental Permission Form

As parent/guardian, I hereby give my permission for \_\_\_\_\_,  
(full name of child)

who will be age \_\_\_\_\_ on the day the event begins, to participate in the Pathways youth summer camp program, which is to be held on July 15, 2012 to July 20, 2012. With my dated signature in the box below, I grant this permission and certify the statements and information provided in items 1 through 7 that appear below above my signature.

1. **GENERAL PERMISSION:** I understand and agree that this event is sponsored by the Generations Ministries of Grace Communion International, and depending upon circumstances, and without limitation, may involve both:

(a) physical/athletic activities such as sports, hiking, camping, arts & crafts and,

(b) spiritual or religious activities, such as Christian living or education classes, religious worship services, & the like.

I give my permission for my child to engage in all such activities.

2. **ACCEPTANCE OF EVENT CONDITIONS:** I understand and agree to the condition of the event venue as described in the information provided. I give permission for my child to participate under these conditions.

3. **DISCLOSURE OF SPECIAL HEALTH CONDITIONS:** The following is a list of my child's special health conditions and needs of which event staff need to be aware (list here such things as medications, history of seizures, motion sickness, allergies, etc. - use back side of this sheet if needed): \_\_\_\_\_

4. **RELEASE OF LIABILITY REGARDING SPECIAL HEALTH CONDITIONS:** I submit that the above mentioned special health conditions and instructions are needed for my child while at the event. I understand that, although event personnel will seek to help accommodate these special conditions, such as by giving medications and/or by seeking to take appropriate precautions, etc., nonetheless, by sending my child to the event with these special health conditions:

- I acknowledge that I understand the event is not equipped to monitor or supervise such special conditions or needs as would the parent if he/she were present.
- I certify it is safe for my child to participate in all event activities notwithstanding the special conditions, and notwithstanding any possible lapse in medication, or possible interaction with other people or circumstances that may affect the special conditions.
- I release and indemnify the event from all claims and liability stemming from the special conditions, including, without limitation, any claim, illness, or injury, resulting from the event's failure to properly administer medicines for the special conditions, failure to recognize a situation which might be potentially harmful to a person with the special conditions, or failure to recognize the onset of an episode of the special conditions.

5. **PERMISSION TO SECURE EMERGENCY SERVICES:** I give permission to event staff to secure usual and customary medical and/or legal services for my child if needed in an emergency circumstance at the event. I as parent/guardian will be responsible for the costs of such services if not covered by my insurance.

6. **INSURANCE COVERAGE:** My child is covered by medical insurance: \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, list the name of the insurance company: \_\_\_\_\_ and the policy number: \_\_\_\_\_.

I understand that if my child has no health/accident/medical insurance coverage, I will be responsible for the payment of all expenses which may be incurred due to treatment at the event of an illness or injury.

7. **EMERGENCY CONTACTS:** During the event, I may be contacted day or night, as follows:

\_\_\_\_\_ (name)      (\_\_\_\_\_) \_\_\_\_\_ (night phone number)      (\_\_\_\_\_) \_\_\_\_\_ (day phone number)

If I can not be reached in an emergency, the following two individuals will know of my whereabouts and/or have my permission to represent my wishes regarding medical or other emergency care for my child:

\_\_\_\_\_ (name)      (\_\_\_\_\_) \_\_\_\_\_ (night phone number)      (\_\_\_\_\_) \_\_\_\_\_ (day phone number)

\_\_\_\_\_ (name)      (\_\_\_\_\_) \_\_\_\_\_ (night phone number)      (\_\_\_\_\_) \_\_\_\_\_ (day phone number)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(signature of parent or legal guardian)