

APPLICATION

Word in the Street Mission Camp

Applicants under 18 years old must supply parent/guardian information

Applicant Information:

First Name	Last Name
Date of Birth	(Circle) Male Female
Mailing Address	
City	
State/Province	Zip/Postal Code
Parent/Guardian's Name (If under 18)	
Applicant's and/or Parent/guardian's Home Phone Number	
Applicant's and/or Parent/Guardian's Work or Cell Phone Numbers (provide all applicable)	
Applicant's and/or Parent/Guardian's e-mail address (provide all applicable)	
Applicant's T-shirt Size (circle one)	
S (34-36)	M (38-40)
L (42-44)	XL (46-48)
XXL (over 48)	

Camp Cost includes all food, lodging, mission T-shirt, training materials and transportation to and from base camp to and from the mission field.

Camp Cost:	\$300.00
Deposit	\$25.00
Balance owed	\$275.00

Note on "Balance Owed": Final payment must be received by Word in the Street no later than two weeks prior to camp. Please be prompt with your payment, since many camp expenses must be paid in advance. Late payment will be grounds to allow someone else on a waiting list to take your place at camp.

Note on "Deposit": Make \$25.00 check or money order payable to Word in the Street. Your deposit must accompany this application in order for you to be considered for camp. The deposit is *non-refundable*, as long as you are accepted for camp. If you are not accepted for camp due to space limitations or other reasons, your deposit will be refunded to you. Changing your mind about coming to camp is not grounds for refund of deposit.

How did you hear about Word in the Street?

What do you hope to gain/give/learn from Word in the Street Mission experience?

Consent and Release:

Does the applicant have any conditions that limit or prohibit applicant's physical activity? Circle either: **YES** or **NO** If yes, please explain below. If no response is given, Word in the Street will assume applicant can engage in all Word in the Street activities.

For all applicant's: I grant permission for the camp or sponsor to use any video images taken of the applicant at any camp event in their publications.

For parents/guardians of minor applicants (those under 18 years old): I give Word in the Street permission to have my child participate in all camp activities, unless specifically limited above. I give my permission for my child to be transported off the camp property for all camp supervised activities.

Applicant's signature

Date

Parent/Guardian signature (for under 18)

Date

Applicant Process: Applications will be reviewed as they are received with the \$25.00 deposit. If accepted, a letter and information packet will be sent to the applicant giving more details about the camp, activity schedule, transportation, what to bring, fundraising, etc.

Mail Application and Deposit to:

Word in the Street
P.O. Box 54481
Cincinnati, Ohio 45254

(save a copy of this completed form for your records)

MEDICAL/LIABILITY RELEASE FORM

For Applications under 18 years of age

This form must be completed and returned to the camp at least two weeks before camp begins.

Mail to: **Word in the Street, P.O. Box 54481, Cincinnati, Ohio 45254**

Save a copy for your records.

APPLICANT INFORMATION:

Applicant's Name _____ Date _____

Address _____ Date of Birth _____

Address _____

Phone _____ E-mail _____

INSURANCE INFORMATION:

Insurance Company _____ Group # _____

Ins. Co. Address _____

Subscriber's Name _____ Date of Birth _____

Subscriber Ins. ID# _____ Ins. Co. phone _____

Subscriber's Employer _____

Employer's Address _____

EMERGENCY CONTACT INFORMATION: Who should we notify in case of an emergency?

Name _____ Phone _____

Relationship to Applicant _____ Phone (alt) _____

Mother's name _____ Phone _____

Father's name _____ Phone _____

MEDICAL ISSUES: (disclosure will only be shared with group leaders or health care professionals, if needed)

Please list any medical problems you have: _____

Are you under the care of a physician due to physical conditions we may need to know about?

If so, explain: _____

Do you have any physical limitations or chronic concerns that limit your activity? If so, explain:

Are your immunizations up to date? (circle one) Yes or No

List (with dosage) any prescription medication you take on a regular basis:

List any allergies to foods or medications: _____

When was your last tetanus vaccine? _____

CONSENT AND RELEASE:

Note: If applicant is *under 18* years of age, a parent or legal guardian must sign this form.

I, the parent or legal guardian of _____, do release Word in the Street, WCG, Potter's Ranch Retreat Facility in Union Kentucky, all affiliated organizations, and/or sponsoring churches, and all staff of any responsibility for accidental injuries, sicknesses or incidents sustained during his/her stay at Potter's Ranch Retreat Facility in Union, Kentucky and any trips involved therein, be it the state of Kentucky or Ohio, run by Word in the Street or affiliates. I hereby grant for the above named individual to go on the above referenced trip, and do also agree that my child may be sent home at any time at my expense for flagrant violations of camp terms, rules and conditions. In case of emergency, I do hereby give the above-mentioned camp entities permission to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for my child as deemed necessary and in accordance with the previously stated medical history. An attempt will be made to contact and consult with the parent, legal guardian or stated emergency contact prior to any medical treatment involving surgery or serious illness. I also grant permission for the camp entities to use in their publications any video or photo images taken of my child at any camp event.

Parent or legal guardian, please sign below in the presence of a witness:

Signature _____ Date _____

Witness Signature _____ Date _____

MEDICAL/LIABILITY RELEASE FORM

For Applicants 18 years old or older

This form must be completed and returned to the camp at least two weeks before camp begins.

Mail to: **Word in the Street, P.O. Box 54481, Cincinnati, Ohio 45254**

Save a copy for your records.

APPLICANT INFORMATION:

Applicant's Name _____ Date _____

Address _____ Date of Birth _____

Address _____

Phone _____ E-mail _____

INSURANCE INFORMATION:

Insurance Company _____ Group # _____

Ins. Co. Address _____

Subscriber's Name _____ Date of Birth _____

Subscriber Ins. ID# _____ Ins. Co. phone _____

Subscriber's Employer _____

Employer's Address _____

EMERGENCY CONTACT INFORMATION:

Who should we notify in case of an emergency? Name _____

Relationship to Applicant _____ Phone(s) _____

MEDICAL ISSUES: (disclosure will only be shared with group leaders or health care professionals, if needed)

Please list any medical problems you have: _____

Are you under the care of a physician due to physical conditions we may need to know about?

If so, explain: _____

Do you have any physical limitations or chronic concerns that limit your activity? If so, explain:

Are your immunizations up to date? (circle one) Yes or No

List (with dosage) any prescription medication you take on a regular basis:

List any allergies to foods or medications: _____

When was your last tetanus vaccine? _____

CONSENT AND RELEASE:

I, _____, do release Word in the Street, WCG, Potter's Ranch Retreat Facility in Union Kentucky, and all affiliated organizations, and/or sponsoring churches, and all staff of any responsibility for accidental injuries, sicknesses or incidents sustained during our stay at Potter's Ranch Retreat Facility in Union Kentucky and any trips involved therein, be it in the state of Kentucky or Ohio or , run by Word in the Street or affiliates. I do hereby give the above-mentioned camp entities permission to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery as deemed necessary and in accordance with the previously stated medical history. I also agree to abide by terms and regulations of conduct prescribed by Word in the Street and related entities, and I realize that I may be asked to leave at any time at my own expense for flagrant violations of those terms and conditions. I also grant permission for the camp entities to use in their publications any video or photo images taken of myself at any camp event.

Applicant, please sign below in the presence of a witness:

Signature _____ Date _____

Witness Signature _____ Date _____