CAMP AGAPE APPLICATION

Summer Day Camp 2014 June 26-28; School Grades 1-6; Ages 6-12

I have given the correct information regarding my child's personal information and health history.

Parent or Legal Guardian; Print name:_____

Signature:_____ Date: _____

Camper's behavior and discipline:

Please make sure your child is aware of the following aspects on how he/she needs to behave at Camp AGAPE 2014:

- respect and obey all camp staff   - respect all other campers   - be present at all camp meetings, games, and activities   - keep the park grounds clean   - never go anywhere without asking for permission from staff and receiving that permission.

The following disciplinary steps will be implemented: 1).Warning. 2).Referral to Disciplinarian (Conversation about discipline at camp and appropriate punishment). 3). Phone call to the parents of the camper & sending the camper home.

No flip-flops, please have sneakers (running shoes, close toed, with a strap on back)

Have a hat and put sunscreen on before camp, extra sunscreen will be provided.

Please write the name of child on the tag of any jacket.

*Cell phones and other electronics are discouraged from all use at Camp AGAPE to help each person:

• focus better on God's Word and his or her personal relationship with God ☺

• build stronger friendships with other campers

Parents are not required but are encouraged to attend and to help.

Donation Fee is $50 for first child, $40 for second child, $30 for third child. Make checks payable to **Slavic Evangelical Christian Baptist Church** & add **Camp AGAPE 2014** on the Memo Line.

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Application and Donation Fee can be submitted either via church website www.SlavicEvangelicalChurch.org or in person to Aleksey Pasechink at 855 Brotherton Rd, Escondido, CA 92025 every Sunday between 1:00pm-3:00pm. For additional information or questions feel free to call Aleksey Pasechnik at (760) 917-8453 or Yuriy Korniyenko (858) 733-1126 or email to SlavicEvangelicalChurch@gmail.com

Parent or Legal Guardian; Print name:_____

Signature:_____ **Date:** _____

Parent/Guardian who will sign off to check in and check out the child from camp each day:

Full Name:_____

Phone: (_____) _____ - _____Alternate Phone: (_____) _____ - _____

Signature of parent or legal guardian:

_____ **Date:** _____

If different parent/guardian also has permission to sign off:

Full Name:_____

Phone: (_____) _____ - _____   Alternate Phone: (_____) _____ - _____

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Medical Consent Form

Slavic Evangelical Christian Baptist Church in San Diego

I hereby authorize the participation of **(camper's full name)** _____ in activities of the Slavic Evangelical Christian Baptist Church in San Diego. In consideration of the Slavic Evangelical Christian Baptist Church in San Diego providing these activities, I on behalf of myself and other parents and guardians of the minor, do hereby release the Slavic Evangelical Christian Baptist Church in San Diego and its staff from all claims and causes of action by reason of any injury which may be sustained as a result of these church activities, whether on the church premises or on the way to or from these activities. I agree to direct my child to cooperate and to conform to directions and instructions of personnel of the organization in charge of these activities. Should my child not do so, and should those leading an activity believe it necessary, I will come and remove my child from the activity as soon as possible after being called by a staff representative for that purpose.

I hereby give my permission to the physician, nurse, or dentist selected by the Slavic Evangelical Christian Baptist Church in San Diego secure medical or dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. As a participant, I understand that the Evangelical Christian Church is not obligated to carry any insurance to cover those medical and/or dental expenses. I understand that my personal insurance is my primary coverage.

Parent or Legal Guardian; Print name:_____

Signature:_____ **Date:** _____