



Big Sky Scholarship Camp

August 4-11, 2018 CAMPER APPLICATION

OFFICE USE ONLY Revision 7/10/18			
Amount			
Check#/\$			
Date			
Balance			

Eligibility Requirements: Camper must 1) be entering Awana Grade 6-12 in the fall or be a just graduated high school senior, 2) be at least 10 years old by the first day of camp, 3) for the first time camper, have completed one year's Awana handbook requirements OR for returning campers, have completed one additional year's Awana handbook requirements (T&T or higher). **All work must be completed before the camper applications are submitted by July 1, 2018. Otherwise acceptance will be based on available space and funds.** Please let us know you are planning to come at bigskystratmin.org.

Camper Name: _____ Camper E-mail: _____

Parent Name: _____ Parent E-mail: _____

Mailing Address _____ City _____ State _____ Zip _____

(CIRCLE ONE FOR EACH)

Nickname or name you prefer (if different from above): _____

Male / Female; Awana Grade next fall: 6 7 8 9 10 11 12 Graduate; Adult T-Shirt size: S M L XL XXL

Number of times at previous Scholarship Camps _____ Date of birth _____ Height (inches) _____

Roommate/color team Request (by June 1st) _____ ☐ KJV ☐ NKJV ☐ NIV ☐ ESV

Camper will be sponsored by (check all that apply)/planned \$ amount: ☐ church/_____; ☐ Club/_____; ☐ parent/_____; ☐ clubber/_____; ☐ BSSM Need Scholarship _____; BSSM Award (latest received, given once) Scholarship: ☐ Timothy \$80; ☐ Meritorious \$120; ☐ Citation \$200; ☐ Utah Bus \$35 _____, ☐ Other _____, _____. TOTAL Funds for this Application _____. ☐ Other Sponsor Name: _____

Total cost is \$240.00 (\$40.00 Non-refundable but transferable Registration Fee + \$200.00 Camp Fee).	** I will follow all rules and enter into the whole spirit of Scholarship Camp. **	
	Camper Signature (required for acceptance)	Date

CERTIFICATE OF ELIGIBILITY: To be filled out AND signed by Awana Commander or Director

Awana Club _____ Awana Registration Number _____

Club City _____ State _____ Club Camp Contact (if different from below): _____

Check the appropriate boxes of **ALL** Major Awards earned and **ALL** handbooks/manuals* completed in T&T, Trek, & Journey by this camper. In the right column, **write the YEAR** that this camper earned each Major Award. -----→ Year↓

<input type="checkbox"/> T&T Book1	<input type="checkbox"/> Trek Book1	<input type="checkbox"/> Journey Year 1	2 Books* Complete =	<input type="checkbox"/> Excellence Award	
<input type="checkbox"/> T&T Book2	<input type="checkbox"/> Trek Book2	<input type="checkbox"/> Journey Year 2	4 Books* Complete =	<input type="checkbox"/> Timothy Award	
<input type="checkbox"/> T&T Book3	<input type="checkbox"/> Trek Book3	<input type="checkbox"/> Journey Year 3	6 Books* Complete =	<input type="checkbox"/> Meritorious Award	
<input type="checkbox"/> T&T Book4	4T&T, 3Trek Books	<input type="checkbox"/> Journey Year 4	10 Books* Complete =	<input type="checkbox"/> Citation Award	

I confirm that: (1) ☐ this applicant has already met camper **eligibility requirements** (*each Book= one year's Awana handbook requirements),

(2) ☐ the applicant's parents/guardians have provided all necessary **signatures** and **medical information**,

(3) ☐ the application is **complete**, and

(4) ☐ I **recommend** the applicant for Scholarship Camp.

 Commander or Director (circle ONE) (required for acceptance) Signature / Name Printed (_____) Phone (circle ONE: home; cell; work)

 Your Club has ☐ T&T ☐ Trek ☐ Journey

Email

Send completed application **PAGES 1 & 3 ONLY** and registration fee (\$40 non-refundable but transferable) by **July 1st**

to: Big Sky Strategic Ministries, 5848 Blake Drive, Taylorsville, UT 84129

Make all Checks payable to "BSSM" or Big Sky Strategic Ministries, Inc. **Please keep a copy.**

Big Sky Scholarship Camp

Parental Consent and Release of Liability

Please print and fill in ALL the information and return **PAGES 1 & 3 ONLY**

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Name of Camper(s): _____

Camp Location: Old Faithful Christian Ranch, Island Park, ID

Camp Dates: August 4-11, 2018

I understand and agree that participation in the Big Sky Strategic Ministries ("BSSM") Big Sky Scholarship Camp ("Camp") is a privilege to which my minor child named above ("Camper") is not otherwise entitled. In consideration for that privilege, I am signing this Parental Consent and Release of Liability ("Consent").

Consent to Attend Camp: I hereby give permission for Camper(s) listed above to attend and participate in the Camp and to be transported off campus to/from Camp related activities as needed. **Only one page 2 per family needed.**

Release of Liability

Prior to Camper's participation in Camp activities, I acknowledge that involvement of Camper in the Camp may involve risk of property damage and of personal injury, illness or even death of Camper, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware.

By signing this Parental Consent and Release of Liability, I warrant that Camper is fully capable of safely participating in all Camp activities, and I expressly assume all risks of Camper's participation, whether such risks are known or unknown to me at this time. I further generally release Big Sky Strategic Ministries ("BSSM") and its directors, officers, employees, volunteers, and agents, and other campers at the Camp, from any and all claims that I or Camper may have against any of them as a result of property damage or personal injury, illness or death of Camper as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of myself, Camper, and the heirs, family, estate, administrators, executors, personal representatives and assigns of me and Camper.

Other Releases and Acknowledgements

I understand that, while Camper is participating in Camp activities, photographs, film, audio recordings and videotape of Camper may be taken for use in brochures, videos, releases to the press, and various BSSM publications and other work product. I do hereby irrevocably grant BSSM permission to record, display and/or reproduce my child's name, likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

I understand that BSSM does not provide transportation to or from the Scholarship Camp program and do hereby take responsibility for either providing or arranging for transportation of Camper, and for ensuring that Camper will arrive and depart by the scheduled dates and times.

I will ensure Camper only brings clothing that adheres to the Camp Dress Code or similar policy included as part of this package or to be sent in the acceptance package. If Camper fails to abide by established rules, standards of conduct and/or Camp Dress Code, BSSM Scholarship Camp staff reserve the right to send Camper home. If it becomes necessary to send Camper home, I hereby agree to provide transportation or to make travel arrangements for Camper and to assume the cost of these expenses.

To the extent any provision of this document is found to be unenforceable, such provision shall be deemed severable and shall not affect the enforceability of any other portion of this document, and shall be reformed to be in compliance with the law and construed to most nearly reflect the intent of the parties.

Consent to Medical Treatment:

If Camper experiences an injury or illness, or has other medical needs. I authorize the Camp's employees, volunteers, and agents to make such arrangements for Camper's health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation, and treatment and I hereby fully release BSSM and its directors, officers, employees, volunteers and agents from any claims, including claims for medical charges, prescription costs and other expenses, I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company (please provide details in the Medical Information section) to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

Big Sky Scholarship Camp

Parental Consent and Release of Liability *continued...*

Medical Information

Name of Camper: _____

Camper Date of Birth: _____

Insurance Co./Policy #:		<input type="checkbox"/> No Insurance	<input type="checkbox"/> No Health Insurance Card
<input type="checkbox"/> Insurance Card Copy attached	<input type="checkbox"/> Yes, I have a Health Insurance card and will provide a copy (front & back) to the nurse at check-in. If card is for an insured parent, one copy per family with each child's name written next to the card is acceptable.		
Insured's Name:		Relationship to Camper:	

Doctor's Name: _____ Phone: _____

Date of last tetanus: _____ Date of last physical: _____

List **activity/physical** limitations (please write "None" if applicable): _____

List **food** limitations (please write "None" if applicable): _____

We provide special meals for camper/staff with food allergies (e.g. gluten free, dairy free, etc.), so please list all food limitations.

List **medical** limitations (please write "None" if applicable): _____

Will Camper be under any medication* while at camp? ☐ Yes; ☐ No. If yes, please provide details: _____

***All medications are to be in original containers with prescription attached and given to the camp nurse.**

The camp nurse has permission to provide Camper with non-prescription medicines as deemed necessary. ☐ Yes; ☐ No. Please list any over-the-counter medicines that should **not** be given to Camper. (please write "None" if applicable): _____

Emergency Contact Name: _____ Phone: _____

Parental Consent and Release of Liability

I represent and warrant that I am a parent or legal guardian of the Camper named above and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of the Camper. By signing below, I acknowledge that this document has been read and understood by me, and also represent that all information provided is accurate. **Each** legally responsible **parent/guardian** is required to sign below. *If a second parent/guardian is not applicable, please indicate so. If both cannot sign below, please provide a reason.*

1 st Parent or Guardian signature		2 nd Parent or Guardian signature	
Date		Date	
Name Printed		Name Printed	
Daytime Phone (circle ONE: home; cell; work)	Other Phone (circle ONE: home; cell; work)	Daytime Phone (circle ONE: home; cell; work)	Other Phone (circle ONE: home; cell; work)

NOTE: The next page of this application is for EACH Camper CHECK-IN/ CHECK-OUT and please bring with the camper filled out on the first Day of Camp.

The PURPOSE of the CHECK-IN/ CHECK-OUT form is to improve Check-in and Check-out procedures and to improve likelihood of getting everything that the camper brought to camp, back home with them.

It is recommended that each item brought to camp be marked with the Camper's Name. If an item cannot be marked, it should be in a marked piece of luggage. Multiple "dirty clothes" plastic sacks are better than one big one. The smaller ones can fit in the luggage the clean clothes came in.

LOST & FOUND: BSSC/OFCR is not responsible for lost items. Lost, unlabeled items will be held for 30 days. Anything unclaimed will then be donated to charity. If you forgot/lost something at Camp please call Dave Ruthardt @ (307) 883-2654. Cost to return the items will be your responsibility. We have a Camp Bank to minimize lost cash.

This application must be completed and signed by Awana Commander or Director on page 1 and Parent on page 3.

<h2 style="margin: 0;">Big Sky Scholarship Camp 2018</h2> <h3 style="margin: 0;">Camper CHECK-IN /CHECK-OUT Release Form</h3> <p style="margin: 0;">Please BRING this form filled out with you to CAMP!</p>	<p>Name of Camper:</p>
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Person (s) authorized to drop off and/or pick up your camper **at the Camp Bus Stop OR at Camp** if different from parent(s)/guardian(s).

FIRST DAY OF CAMP CHECK-IN:						
Cabin	Meds #√	Nurse	Luggage #√	Camper Initials	Drop-off (circle name above) Signature	Staff/ Counselor Signature
LAST DAY OF CAMP CHECK-OUT:						
Cabin	Meds #√	Nurse	Luggage #√	Camper Initials	Pick-up (circle name above) Signature	Staff/ Counselor Signature

EXPENSES	“The clothes I packed meet the Dress Code Requirements”
Registration	\$ 40
Camp Fee	\$ 200
TOTAL	\$ 240
Utah Bus Ride (if applicable)	\$ 35
TOTAL	\$ 275
Turn in Completed Form to Registrar initials>	Parent Signature

Available FUNDS	Already PAID	BALANCE at Check-In	check	cash	Cash requires BSSC Staff & Camper & Parent Signatures
Parent					
Clubber					
Club/Church					
Sponsor(s)					
BSSM Award Scholarship					
BSSM Need Scholarship					
TOTALS					
Spending Money for the Bank					Optional: Spending Money Balance at Check-Out =

Luggage item #	Brief Description of each piece of Luggage (use back if necessary)