



Big Sky Scholarship Camp

July 27 - August 3, 2024, CAMPER APPLICATION

| OFFICE USE ONLY <i>Revision 2/29/24</i> | | | |
|---|--|--|--|
| Amount | | | |
| Check#/\$ | | | |
| Date | | | |
| Balance | | | |

Eligibility Requirements: Camper *must (1) be* entering Grades 6-12 in the fall or be a just graduated high school senior, *(2) be* going into 6th grade or at least 11 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. Applications with a Postmark later than July 1, acceptance will be based on available space and funds.*

| | |
|--|---|
| BSSM Award Scholarship (based on <i>latest Awana Major Award received, given once</i>): <input type="checkbox"/> Timothy \$80; <input type="checkbox"/> Meritorious \$120; <input type="checkbox"/> Citation \$230. | |
| <input type="checkbox"/> BSSM Need Scholarship Application (see website for Need Scholarship Application) attached. | |
| Total Camp cost is \$280.00 | |
| Camper Name | Preferred name for button |
| (\$50 Non-refundable but transferable Registration Fee + \$230 Camp Fee). | |
| <input type="checkbox"/> Utah/Camp Bus \$50. <i>Check if applicable</i> | |
| Parent/Guardian Name(s) | Funds |
| | AMOUNT |
| Parent Email: | Needed from Camper |
| | w/Application due 7/1 |
| Parent Mailing Address: | Camper Due at Check-In |
| | Club/ Church |
| | Sponsor(s) list below |
| | BSSM Award Scholarship |
| Person(s) Name(s) & email, authorized to check-in camper if different from parent/guardian(s) | BSSM Need Scholarship |
| | Total Funds for Camper |
| Sponsor(s) Name/Amount(s): | |
| CIRCLE ONE FOR EACH | Male/Female. <u>Grade next fall:</u> 6 7 8 9 10 11 12 Graduate. <u>Adult size T-Shirt:</u> S M L XL XXL |
| Years at previous Scholarship Camps: _____ Date of birth: _____ Height (inches): _____ <input type="checkbox"/> KJV <input type="checkbox"/> NKJV <input type="checkbox"/> NIV <input type="checkbox"/> ESV | |

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

Awana Club: _____
 Club City: _____ State: _____ Awana Registration Number: _____

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) if your club does not have T&T, Trek, or Journey leaders, who was their mentor leader who understood their book and signed off their sections (3) the applicant's parents/guardians have provided all necessary **signatures** and **medical information**, (4) the application is **complete**, and (5) I **recommend** the applicant for Scholarship Camp.

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

Email: _____ Your Club has T&T Trek Journey C-Track
 ()

 Clubber Mentor Leader Name Printed and email address Phone (circle ONE: home; cell; work)

Mail Camper Application with \$50 Registration Fee by July 1st to Camp Registrar, BSSM/ Russ Anderson 5848 Blake Drive Taylorsville, UT 84129

Big Sky Scholarship Camp Parental Consent and Release of Liability.

Please print and fill in ALL the information and return PAGES 1, 2, & 3.

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

| | | | |
|----------------|---|-------------|--------------------------|
| Camp Location: | Old Faithful Christian Ranch, Island Park, ID | Camp Dates: | July 27 - August 3, 2023 |
|----------------|---|-------------|--------------------------|

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 (“Camper”) is not otherwise entitled. In consideration for that privilege, I am signing this Parental Consent and Release of Liability (“Consent”). *I understand and have reviewed the camp dress code, given below, with my camper(s) and have helped them pack accordingly.*

Big Sky Scholarship Camp Dress Code 1Cor.10:31 “...whatever you do, do all to the Glory of God.” Camp staff, campers (and parents) shall exercise discretion and modesty regarding the selection of camp clothing. In order to maintain an environment that is free from distractions, we are all expected to dress in a manner that brings honor and glory to God.

- For safety reasons, bare feet are only allowed in your cabin and in the shower and on the water slide. Athletic shoes are required for Team Activity Time. Shoes that can get wet are required when tubing and canoeing and water games. Water clothes shall meet the Dress Code with darker T-shirts so that the T-shirt is not see through. •No tight-fitting clothes.
- Do not wear clothing with inappropriate, or offensive writing or displays. •No half or net shirts or muscle shirts or “spaghetti straps”.
- No underwear on display. It is called underwear for a reason. •Shorts must come to the tip of the fingers while standing.

** I will follow all rules (including dress code) and enter into the purpose of Camp.**

| | |
|--|------|
| Camper Signature (required for acceptance) | Date |
|--|------|

Consent to Attend Camp: I hereby give permission for the Camper listed here, to attend and participate in the Camp and to be transported to/from Camp, and off campus related activities as 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 Campgrounds. 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

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, and various BSSM publications and other projects. 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 ministry project, 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/OFCR does provide limited transportation to or from the Scholarship Camp program that I can utilized, otherwise I take responsibility for either providing or arranging for transportation of my Camper(s). 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.

I give permission for my camper’s cabin leader to stay in contact with my camper by email to the parent email (given on page 1). YES NO

Parental Consent and Release of Liability I represent and warrant that I am a parent or legal guardian of the Camper(s) 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 that all information provided is accurate.

| | | | |
|------------------------------|------|--|------------|
| | | | |
| Parent or Guardian Signature | Date | Daytime Phone (type: home; cell; work) | Phone type |

Big Sky Scholarship Camp Application

Medical Information Name of Camper: _____

| | | |
|---|--|---|
| Insurance Co./Policy #: | | <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.**

Will Camper be taking any vitamins/health supplements* while at camp? Yes; No. If yes, please provide details:

***All vitamins/health supplements are to be clearly labeled with amounts to be taken 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):

What else do we need/would you like us (director, cabin leader, nurse) to know about your camper (spiritually, mentally, emotionally, socially etc) that would help us better minister to your camper? You can provide this information separately. (please write "None" if applicable):

Emergency Contact Name: _____ Phone: _____

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.

Parent or Guardian Signature: _____ Daytime Phone: _____

LOST & FOUND: BSSC/OFRC 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.

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.

If you have any questions regarding this application, please email us at bssm.camp@gmail.com or contact us via our website at bigskystratmin.org

This application must be completed and signed by Awana Commander or Director on page 1 and Parent on page 2 & 3.