



Camp Outreach Application

APPLICATION DEADLINE June 15, 2011

Camp Outreach offers the opportunity to serve the community while developing practical skills and building relationships with God and each other. Participants 13 years and up make needed repairs on homes of widows, disabled and elderly individuals. Daytime activities will also be provided this year for children 4-12 whose parents are participating in Camp Outreach.

Please complete all fields unless otherwise noted.

I am applying for the Plainfield, **Indiana** camp (July 10-16, 2011) **TUITION** \$100 US
Please circle dates you will be in attendance 12 13 14 15 16 17 18

CONTACT INFORMATION

Name _____
 Address _____
 Date of Birth _____
 Home Phone _____ Pager/Cell Phone _____
 E-Mail _____ T-Shirt Size Adult XXXL XXL XL X L M S

EMERGENCY INFORMATION

In the unlikely event of an emergency, please designate a contact. List emergency contacts in order of preference.

Name _____	Name _____
Telephone Number 1 _____	Telephone Number 1 _____
Telephone Number 2 _____	Telephone Number 2 _____
Relationship to Participant _____	Relationship to Participant _____

Dentist's Name _____	Phone _____
Physician's Name _____	Phone _____

BUILDING/REMODELING/STAFF SKILL LEVEL

Please rate your skill level from 0 – 5, with 0 = no experience and 5 = expert

<input type="checkbox"/> Carpentry	<input type="checkbox"/> Roofing
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Drywall
<input type="checkbox"/> Electrical work	<input type="checkbox"/> Insulation
<input type="checkbox"/> Painting	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ramp building	

Comments: _____

Note: Experienced crew leaders **will be available** to teach necessary skills to participants who have no previous experience.

PARTICIPANTS 18 AND OVER PLEASE COMPLETE THIS SECTION
(Under 18 proceed to next page)

PARTICIPANT NAME _____

MEDICAL INFORMATION

Do you have any health condition or physical disability that would prevent participation in renovation activities? Yes No

Explain _____

ALLERGIES

If you are allergic to any medications, please list _____

If you are allergic to any foods, please list _____

INSURANCE

Participant's Name _____

Insurance Company _____

Policy/Group Number _____

Name of Primary Member _____

Medicaid Number (where applicable) _____

CONSENT AND WAIVER

As a participant in Camp Outreach, I agree to abide by all of the rules and regulations as outlined by camp counselors and officials. I also understand that all reasonable care will be taken to conduct service and social activities in a safe, secure manner; however, I agree to hold harmless Camp Outreach, its sponsors, and camp staff in the unlikely event of an injury.

I hereby give my consent for photographs or videos of me to be used by Common Ground Christian Ministries; Church of God, *A Sabbath Fellowship* and LifeResource Ministries for publicity, public information, public education and fundraising endeavors.

Signature _____ Date _____

PARTICIPANTS UNDER 18 PLEASE COMPLETE THIS SECTION

PARTICIPANT NAME _____

PARENT INFORMATION

Name of Parent/Legal Guardian _____

Telephone Number (Home) _____ Work _____

Mother's Employer _____ Father's Employer _____

Work Hours _____ Work Hours _____

Work Telephone _____ Work Telephone _____

Pager/Cell Phone _____ Pager/Cell Phone _____

MEDICAL INFORMATION

Do you have any health condition or physical disability that would prevent participation in renovation activities? Yes No If yes, please explain _____

ALLERGIES

If you are allergic to any medications please list _____

If you are allergic to any foods please list _____

MEDICAL INSURANCE

Participant's Name _____

Insurance Company _____

Policy/Group Number _____

Name of Primary Member _____

Medicaid Number _____

EMERGENCY MEDICAL RELEASE

In the event of medical emergency, I understand that every effort will be made to contact parents or guardians of the minor participants. In the event I cannot be reached, I hereby give my permission to the director or authorized designee of the camping program to hospitalize, secure responsible treatment for and to appropriate medical care as necessary for the participant as named hereon.

Parent/Guardian Signature _____ Date _____

CONSENT AND WAIVER

I, as parent/guardian of _____, give my permission for him/her to attend Camp Outreach. I ascertain that he/she is medically and mentally able to participate in all activities. As a participant in Camp Outreach, my child agrees to abide by all of the rules and regulations as outlined by camp counselors and officials. I also understand that all reasonable care will be taken to conduct service and social activities in a safe, secure manner; however, I agree to hold harmless Camp Outreach, its sponsors, and camp staff in the unlikely event of an injury.

I hereby give my consent for him/her to appear in photographs or videos to be used for Camp Outreach publicity, public information, public education and fundraising endeavors.

I acknowledge there are minimal risks associated with attending camp.

Parent/Guardian Signature _____ Date _____

As a participant/parent or guardian of a participant in Camp Outreach, I agree to abide by all of the rules and regulations as outlined by camp counselors and officials.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Return Indiana applications to:

Camp Outreach
Common Ground Christian Ministries
7545 Rockville Road, Suite 200
Indianapolis, IN 46214

Please make check in the amount of \$100 payable to: Common Ground Christian Ministries

Application deadline: June 17, 2010

Questions? Contact us at: planning@campoutreach.com or 317-707-5026 and ask for Guy

BIBLE STUDY PRESENTATION IDEAS

Please list ideas for Bible Studies and indicate any studies you would be willing to present. If you wish to present, you will be contacted to confirm the fit at this event and to finalize scheduling.
