

PFYouth summer camp application form

please complete application in their entirety before returning to PFYouth or your church group.
incomplete applications will incur a delay in processing.

step 1: please mark which camp(s) you will be attending

- Middler Camp** Jason Alvarado June 20-24 entering grades 6-9
 Mixed Camp 1 Pat Schatzline June 27-30 entering grades 7-12
 High School Camp Jim Raley July 5-9 9th grade - 19yrs of age
 Mixed Camp 2 Robert Madu July 11-15 entering grades 7-12
 Mixed Camp 3 Allen Griffin July 25-28 entering grades 7-12

step 2: please complete with camper information

FIRST NAME _____ LAST NAME _____ MI _____

D.O.B. (MM, DD, YY) _____ AGE _____ SEX _____ H.S. GRAD. YEAR _____ GRADE (entering) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ -- _____

AREA CODE + PHONE NUMBER _____ STUDENT E-MAIL ADDRESS _____

NAME OF CHURCH ATTENDING WITH _____ CHURCH CITY _____

YOUTH LEADER NAME _____

step 3: Please Calculate Camp Payment.

full payment or deposit of \$50 and registration form must be postmarked 21 days before camp start date for early registration rate to apply. make checks payable to Masterpiece Youth Camp and mail to: PFYouth Camp, PO Box 24687 Lakeland, FL 33802 if paying by individual please include the camper's name in the memo portion of the check. if paying for a group, please complete the group registration form and include ONE check for the entire group. Credit Card Charges must be paid online at PFyouth.com

early registration rate postmarked less than 21 days prior to camp

- Middler / High School / Mixed 2 \$170
 Mixed 1 / Mixed 3 (3 night camps) \$140
 Camp T-shirt \$ 10
 T-shirt size S M L XL XXL
 Camp Highlights DVD (Optional) \$ 10
 LATE FEE (LESS THAN 21 DAYS OF CAMP) \$ 15
 pay w/ credit card only online at pfyouth.com

Registration requires \$50 deposit or full fee to be processed and secure a spot for camp.

TOTAL CAMP AMT: _____

TOTAL ENCLOSED: _____

SUMMER CAMP MEDICATION FORM

If your camper needs to bring any medication to camp, please complete this form within 24 hours prior to your camper's arrival at camp. All medications must be the original containers. Place all medication containers in a plastic resealable Ziploc bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the first aid director's table during camp check-in. Inhalers and EpiPens are the only meds that can be kept with the camper. Over the counter meds such as Tylenol, Midol and multi-vitamins must all be turned into the first aid director.

NO MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT/LEGAL GUARDIAN SIGNATURE. Medical personnel in the infirmary must administer all camper medications.

CAMPER _____ Church/CITY _____

Parent/Guardian Name _____ Parent Cell _____

Parent day Phone _____ Parent Evening Phone _____

NAME OF MEDICATION:	DOSE:	TIME OF DAY:

Comments/Instructions: _____

Medications will be given as directed on prescription containers. Explain any differences in instructions:

Parent/Guardian:

I, _____, Parent/Legal Guardian of: _____
authorize the camp medical personnel to administer the medications listed above.

I authorize the Camp Executive Staff to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me before such action.

Parent/Guardian Signature _____	Date _____ (24 hrs prior to camp)
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