



APPLICATION FOR TRAIL CAMP

Cost for Trail Camp is \$100, which will be due upon acceptance.

Name: _____

Phone Number: _____

Address : _____

City: _____ State: _____ Zip Code: _____

Age: _____ Grade (entering next fall): _____ Birth date: _____

E-mail: _____

Have you trusted Jesus Christ as your Savior from sin? _____ If yes, at what age? _____

If yes, briefly share your testimony of what happened _____

Please answer the following questions:

1) Why do you want to participate in this project?

2) What do you hope to accomplish by going on Trails?

3) Why are you willing to sacrifice your personal comfort and personal goals to complete this project?

Do you have any special medical conditions or physical limitations? If so, please list them _____

How would you describe your physical condition? (Check one)

____ Strong & athletic, I exercise regularly

____ Good shape, but only moderate exercise

____ Fair shape, I exercise very little

____ Poor shape, weak

Big Sky Bible Camp
Medical History and Release Form

Please fill out the information and complete the medical form below and return it to Big Sky Bible Camp.

High school trails camp will be held July 15-28. This camp will involve hiking into the Bob Marshall Wilderness and doing two weeks of trail maintenance work with the Forest Service leaders and Big Sky Bible Camp Personnel. The work will be hard, the participants will be sleeping in tents on the ground, and could face dangers associated with wilderness living (weather, animals, stream crossing, fire and distance from medical services). We believe the benefits (both to the wilderness and to your child) outweighs the risk involved. Safety will be taught and practiced in all areas.

Medical History.

Please mark the following illnesses which you have had and the age (if possible) when they occurred.

AIDS _____ Epilepsy _____ Measles, German/Rubella _____ Tonsillitis _____
Appendicitis _____ Fainting spells _____ Mumps _____ Tuberculosis _____
Asthma _____ Heart Trouble _____ Pneumonia _____ Typhoid Fever _____
Chicken pox _____ Hepatitis _____ Polio _____ Whooping Cough _____
Diabetes _____ Hernia _____ Rheumatic fever _____ Other _____
Diphtheria _____ Measles, Hard/Rubeola _____ Scarlet fever _____ HIV pos _____

Immunization Record

Diphtheria-Tetanus-Pertussis (DPT) _____ Diphtheria-Tetanus (DT) _____
Tetanus Toxoid (TT) _____ Measles (7-day, Hard, Rubeola) _____
Rubella (3-day, German Measles) _____ Polio _____
Mumps _____

Special Conditions to be watched (allergies, etc.)? _____

Any special medication to be taken for glandular trouble, ear trouble, colds, sore throats, tonsillitis, etc.?
(Please bring any special medications with you.) _____

Name of family doctor: _____

Address: _____

Phone Number: _____

Release Form

*The undersigned hereby grants BCM Int./Big Sky Bible Camp permission to use photographs/video of myself for the purpose of camp promotion and publicity.

*I give permission and consent for my child to be transported in a vehicle/and or boat with the understanding that the vehicle/vessel will be driven by a trained and qualified Big Sky Bible Camp staff member for the purpose of some camp activities.

*The undersigned, intending to be bound hereby, realizing it is the camp's desire to give each camper a safe and beneficial stay, and realizing each camper is covered by a reputable insurance plan, releases forever Big Sky Bible Camp and all individuals associated therewith, from any and all liability for any injury or damage (including all claims and liability for damage resulting from injuries received from bee or hornet stings or any other insect bites), which may be sustained by the undersigned and/or child of undersigned or property of the same at or in transit to or from any camp conducted activity or under the auspices of Big Sky Bible Camp.

*I understand that Big Sky Bible Camp only carries secondary insurance for campers and that I will take primary responsibility for any charges occurring in the event that the camper named above should need any medical attention at any clinic, facility, or hospital.

*I hereby give permission for the release of pertinent medical information regarding my child to all appropriate Big Sky Bible Camp staff.

IN CASE OF EMERGENCY, I hereby give permission to the medical staff selected by the camp to hospitalize, secure proper treatment for, and to order injection or surgery for my child as named above.

Name of Participant _____

Signature of Parent / Guardian _____ Date: _____

Print Name _____

Cost of Trail Camp is \$100, which is due upon acceptance. Checks can made out to Big Sky Bible Camp.

