



APPLICATION FOR TRAIL CAMP



July 6-19, 2019

To apply for Trail Camp, please complete this form and return it to Big Sky Bible Camp. Your application will be reviewed by our staff and you will be contacted regarding acceptance via email (usually within one week). It is important to note that an accepted application alone does not reserve your place in Trail Camp - a minimum deposit of \$50 is required to reserve your place. Space in this camp is limited and will be given on a first come first serve basis.

CAMPER INFORMATION

Would you like to be added to the Big Sky Bible Camp mailing list? No Yes, physical mail Yes, email

How did you hear about Big Sky? _____

Camper First Name: _____ Camper Last Name: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: ____/____/____ Grade (entering in the fall): _____ Parent/Guardian Name: _____

Church (if you have one): _____ School: _____

Camper email: _____ Parent email: _____

Parent Phone: _____ Camper Phone (if applicable): _____

EMERGENCY CONTACT INFORMATION

Please list two people OTHER THAN THE PARENT we can contact in the event that we are unable to get in touch with a parent.

Contact Name	Relationship to Camper	Phone Number

MEDICAL INFORMATION

Please mark the following illnesses which you have had or were vaccinated for.

AIDS _____ Diabetes _____ Hepatitis _____ Mumps _____ Tonsillitis _____

Appendicitis _____ Diphtheria _____ Hernia _____ Pneumonia _____ Tuberculosis _____

Asthma _____ Epilepsy _____ HIV Pos _____ Polio _____ Typhoid _____

Bronchitis _____ Fainting Spells _____ Measles, German Rubella _____ Rheumatic Fever _____ Whooping Cough _____

Chicken Pox _____ Heart Issues _____ Measles, Hard Rubeola _____ Scarlet Fever _____ Other _____

Date of last Tetanus booster: ____/____/____

Other Medical Information:

Allergies (including food allergies): _____

Operations or serious injuries (including dates): _____

Physical limitations or special conditions to be watched: _____

Medications: Please list any medications that you will bring to trail camp.

Medication Name	Reason / Diagnosis	Instructions

Medical Contact:

Name of family doctor: _____ Phone Number: _____

Address: _____

PERSONAL TESTIMONY

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

If yes, briefly share your testimony of what happened.

Why do you want to participate in this project?

What do you hope to accomplish by participating in Trail Camp?

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

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

____ Strong & athletic, I exercise regularly ____ Fair shape, I exercise very little

____ Good shape, but only moderate exercise ____ Poor shape, weak

REFERENCES

Please list two references who know you well that we can contact to discuss your character and work ethic. (Please do not use relatives).

Name _____ Email _____ Phone # _____

Name _____ Email _____ Phone # _____

RELEASE FORM

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.

****THIS PAGE MUST BE SIGNED FOR ACCEPTANCE****

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

*I give permission and consent for myself or 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 of Parent / Guardian _____

FINANCIAL INFORMATION

A minimum \$50 deposit is required to reserve your place in Trail Camp. This deposit is non-refundable so long as your application is accepted.

Optional items for purchase: (Must be ordered in advance)

- Camp Photo - \$5 (A full page laminated photo of the whole Trails Camp crew!)
- Picture CD -\$7 (A CD containing everyone's photos from Trails)

Please consider helping others come to camp by donating to our Campership Fund.

- \$50 \$20 \$10 Other _____

Trail Camp:	\$150
Optional Items:	_____
Total Cost:	_____
Total Donation:	_____
Amount Included:	_____