

YOUTH APPLICATION
SEA CITY WORK CAMP
CORPUS CHRISTI, TEXAS

Registration Note:

Deadline: Completed applications with the deposit attached will be accepted starting December 1, 2009

Each participating church **MUST** send 1 adult with every 4 youth registered. Eligible youth must be in grades 9-12 (or Spring 2010 graduates), based on Fall 2009 standings.

CHECK THE WEEK YOU PLAN TO ATTEND:

_____ June 6-11, 2010
(First United Methodist Church, Portland)

_____ June 13-18, 2010
(Grace United Methodist Church)

REGISTRATION INFORMATION

Name _____ Male ___ Female ___

Address _____ City _____ Zip _____

Phone _____ Church Membership _____

Birth Date _____ Age _____ Current Grade _____

E-mail address _____

T-shirt Size: (circle one) XS S M L XL 2XL 3XL

MEDICAL INFORMATION

1. Is there evidence or history of chronic infection of nose, throat, ears, sinus, lungs? If so, what?

2. Have you had an appendectomy? _____

3. Has there been recent exposure to a contagious disease? If so, what? _____

4. Indicate any recent illness and/or surgery _____

5. Are you subject to:
___ fainting ___ convulsions ___ sleep walking ___ asthma ___ hay fever ___ overheating

6. List inoculations that are still active ___ Tetanus ___ Polio ___ Others

Date of Last Tetanus _____

7. List all allergies, such as: ___ Penicillin ___ Sulfa ___ Insect stings ___ Drugs
Others (list) _____

Food Allergies (list) _____

8. Are you on routine medication? ___ No ___ Yes If yes, name drug, dosage, and instructions:

9. List any diet restrictions _____

10. Are there any restrictions or special needs be observed during work camp? (If so, explain)

11. Family Physician _____ Office Phone _____

12. Person to notify in case of emergency:
Name _____ Relation _____

Phone: (work) _____ (home) _____ (cell/pager) _____

Parent's email address: _____

Received by Registrar _____ Confirmation Sent _____ Balance Paid On _____

YOUTH APPLICATION - CONTINUED
SEA CITY WORK CAMP
CORPUS CHRISTI, TEXAS

I give my permission for my daughter/son to participate in the Sea City Work Camp, a housing rehabilitation project in Corpus Christi, Texas. In the judgment of any representative of the Sea City Work Camp, if the above-named camper should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said camper by any physician, hospital, or Sea City Work Camp representative.

Signed _____ Relationship to camper _____
Insurance Policy Number _____ Company _____
In the name of _____

CAMP INTERESTS INFORMATION

1. What skills and/or past experiences do you have to offer on a work camp? Check all that apply:
 carpentry painting roofing sheet rocking tape/float flooring
2. How many years have you participated in Sea City Work Camp? _____
3. I would prefer to work in the following areas during work camp: (Number in order, 1 to 6) if none are checked you will be assigned to a team by the Technical Director or Camp Director.

<input type="checkbox"/> carpentry	<input type="checkbox"/> painting	<input type="checkbox"/> roofing
<input type="checkbox"/> sheet rock	<input type="checkbox"/> tape/float	<input type="checkbox"/> flooring
4. Would you be interested in being on the worship team during this year's camp? Yes ___ No___
5. Do you have any special talents you are willing to share at work camp? Please check any that you can share:
 song leader dance drama other
 music instrument (please name) _____

Total cost of Sea City Work Camp 2010 is \$150.00 for youth. Camp registration, along with a \$50.00 deposit is due with the application. The remaining \$100 is due by May 1, 2010. Checks should be made payable to *Sea City Work Camp*.

Fill out ALL 4 PAGES of this application form completely, including the covenant, liability release, and permissions and return with fees to:

Sea City Work Camp Registrar
P. O. Box 10449
Corpus Christi TX 78460

Refund Policy: The \$50.00 deposit is non-refundable. You will receive a full (100%) refund of the remaining fee paid if cancellation notice is given to the Registrar by close of business on the Monday prior to the Sunday of the week of camp for which you are registered. You will receive a 50% refund if cancellation notice is given to the Registrar by close of business Wednesday prior to the Sunday your week of camp begins. *After this time, no* refunds will be made.

PLEASE UNDERSTAND THAT YOU ARE ASKED TO MAKE A COMMITMENT TO COME TO SEA CITY WORK CAMP FOR THE ENTIRE WEEK FOR WHICH YOU REGISTER, AND THAT YOU ARE EXPECTED TO ATTEND ALL ACTIVITIES, BOTH DURING THE DAY AND AT NIGHT.

COVENANT OF CONDUCT FOR SEA CITY WORK CAMP

As Christian people and representatives of participating churches, we commit ourselves to uphold certain moral standards of behavior. These include:

1. Anything considered illegal for minors under civil and criminal law in Texas is illegal to bring to Sea City Work Camp. This would include tobacco use, alcohol consumption, and possession of firearms, weapons, or fireworks.
2. Visitation between males and females in dorm rooms is prohibited, except with supervision by the group's responsible adult or Camp Staff.
3. All participants are expected to be in designated places at all times, and to have a cooperative attitude.
4. All participants are expected to respect the host church, the property of other campers, the homes and belongings where work is being done, as well as the designated work camp neighborhood.
5. Any damage to the host church will be the sole responsibility of the person or persons who cause the damage, and the corresponding responsible adult(s).
6. Quiet time begins one half-hour following the close of the last organized activity, and continues until 6:00 a.m. the following morning. All participants in Sea City Work Camp are expected to be in their rooms during quiet time and to be respectful of others so that all may get plenty of rest.
7. No outside visitors allowed on the work site or at the host church except parents of campers.
8. Attire should be representative of the "church" at all times. Please dress respectfully!!!
9. Any camper leaving camp for any reason; **MUST** notify Camp Director & must be picked up by a parent or legal guardian. **DO NOT BRING YOUR CAR TO CAMP.**
10. Personal Cell phones will **NOT** be allowed on work sites, during worship or during organized activities. If the cell phone is taken up it will not be returned until close of camp.

RELEASE OF LIABILITY

I understand that the Sea City Work Camp, a housing rehabilitation project, is physically demanding. I recognize the risk of injury by participating in this event. I understand that I must assume the risk of injury and any related financial responsibility that could result from participating in these activities. I release the Corpus Christi District Office of the United Methodist Church, The Most Rev. Edmond Carmody, D.D., Bishop of Corpus Christi, a Corporate Sole His Successors in office and St. Thomas the Apostle Catholic Church, the participating churches, staff members, directors, and volunteers from all liability for any injury occurring while participating in any activities held during the Sea City Work Camp.

***I have read and agree to abide by the
Sea City Work Camp Covenant as stated above.***

AND

I have read and understand the Release of Liability.

Date:_____ Participant's Signature:_____

Parent or Guardian Signature:_____

PERMISSION GRANTED TO:

RELEASE PHONE NUMBER FOR CAMP ROSTER
YES NO

RELEASE ADDRESS FOR CAMP ROSTER (INCLUDES E-MAIL ADDRESS)
YES NO

**NOTE: IF ANY OF THE ABOVE TWO STATEMENTS ARE NOT MARKED "NO",
YES WILL BE ASSUMED!**

Sea City Work Camp may use selected photographs taken during camp for promotional use. These photographs may include your child in camp related activities.

Date: _____ Participant's Signature: _____

Parent or Guardian Signature: _____

_____ Please check here if you would like information on available financial assistance.

Pastor/Youth Director's Signature _____

NOTE: YOU WILL NOT BE CONSIDERED OFFICIALLY REGISTERED UNLESS APPLICATION IS RECEIVED WITH THE ABOVE SIGNATURE!

Helpful Comments Concerning Camper: _____

(To be filled out by Youth Director or Pastor)

