

YOUTH APPLICATION

SEA CITY WORK CAMP

CORPUS CHRISTI, TEXAS

Registration Note:

Completed applications with the deposit attached will be accepted starting December 1, 2011
 Each participating church **MUST** send **1 adult with every 4 youth registered**. Eligible youth must be in grades 9-12 (or Spring 2012 graduates), based on Fall 2011 standings.

CHECK THE WEEK YOU PLAN TO ATTEND:

_____ June 10 -15, 2012
(First United Methodist Church, Portland)
 Orientation Date: April 29, 2012
 _____ June 17 -22, 2012
(Grace United Methodist Church)
 Orientation Date: June 3, 2012

REGISTRATION INFORMATION

Name _____ Male _____ Female _____
 Address _____ City _____ Zip _____
 Phone Home _____ Camper's Cell # _____ Church Membership _____
 Birth Date _____ Age _____ Grade (2011-2012) _____ School _____
 Camper's E-mail address: _____
 Parent's Email address: _____ Parent's Cell Mom _____ Dad _____
 Parent's Work Email address _____

T-shirt Size: (circle one) XS S M L XL 2XL 3XL
 Provide a Service Hour Certificate ___ Yes ___ No
 Buddy Request: _____ NOTE: No Promises request will be granted.

How many years have you participated in Sea City Work Camp? _____
 I would prefer to work in the following areas during work camp: ___ painting ___ roofing

Note: All work assignments will be at the digression of the Camp Director.

PERMISSION GRANTED TO

- RELEASE PHONE NUMBER FOR CAMP ROSTER
YES NO
- RELEASE ADDRESS FOR CAMP ROSTER (INCLUDES E-MAIL ADDRESS)
YES NO
- RELEASE ANY & ALL PHOTOS TAKEN DURING CAMP FOR FUTURE PUBLICITY, GRANT REPORTS, FACEBOOK
YES NO

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

I have completed this application with full honesty and I am liable to provide any information to the Camp Director in writing if there should be any changes to the camper's application by the time camp begins. I have read and agree to abide by the Sea City Work Camp Covenant as stated on the next page. I have read and understand the Release of Liability. I give my permission for my child 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.

Participant's Signature: _____ **Date** _____

Parent or Guardian Signature: _____ **Date** _____

Pastor or Youth Director of YOUR Church Signature _____ **Date** _____

Received by Registrar _____ Confirmation Sent _____ Balance Paid On _____

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.

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

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 CAMP ORIENTATION AND ALL ACTIVITIES, BOTH DURING THE DAY AND AT NIGHT

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. Michael Mulvey, S.T.L., 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.

Total cost of Sea City Work Camp 2012 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, 2012. Checks should be made payable to Sea City Work Camp.

Fill out ALL 4 PAGES of this application form completely 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.*

MEDICAL INFORMATION

FOR CAMPER NAME: _____

1. Is there evidence or history of chronic infection of nose, throat, ears, sinus, and 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) _____

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.

Insurance Policy Number _____ **Company** _____

In the name of _____

Relationship to camper _____

Helpful Comments Concerning Camper:

TO BE COMPLETED FOR GRANT CERTIFICATION

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REGISTRATION INFORMATION

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Address _____ City _____ Zip _____
Phone Home _____ Cell _____ Church Membership _____
Birth Date _____ Age _____ Grade (2011-2012) _____
Camper's E-mail address: _____
Parent's Email address: _____ Parent's Cell _____

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I have read and understand the Release of Liability.

I have completed this application with full honesty and I am liable to provide any information to the Camp Director in writing if there should be any changes to the camper's application by the time camp begins.

Date: _____

Participant's Signature: _____

Parent or Guardian Signature: _____