

# YOUTH APPLICATION

## SEA CITY WORK CAMP

### CORPUS CHRISTI, TEXAS

**Registration Note:**

Completed applications with the deposit attached will be accepted starting December 1, 2012  
 Each participating church **MUST** send **1 adult with every 4 youth registered**. Eligible youth must be in grades 9-12 (or Spring 2013 graduates), based on Fall 2012 standings.

**CHECK THE WEEK YOU PLAN TO ATTEND:**

\_\_\_\_\_ June 9 -14, 2013  
(First United Methodist Church, Portland)  
 Orientation Date: May 5, 2013  
 \_\_\_\_\_ June 16 -21, 2013  
(Grace United Methodist Church)  
 Orientation Date: June 2, 2013

**REGISTRATION INFORMATION**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Home \_\_\_\_\_ Camper's Cell # \_\_\_\_\_ Church Membership \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade (2012-2013) \_\_\_\_\_ 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)    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 discretion 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 \_\_\_\_\_

# 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.

HELPFUL COMMENTS CONCERNING CAMPER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Policy Number** \_\_\_\_\_ **Company** \_\_\_\_\_  
**In the name of** \_\_\_\_\_  
**Relationship to camper** \_\_\_\_\_

**THIS PAGE MUST BE  
COMPLETED & SENT IN WITH THE  
REST OF YOUR APPLICATION**

**YOUTH APPLICATION  
SEA CITY WORK CAMP  
CORPUS CHRISTI, TEXAS**

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**REGISTRATION INFORMATION**

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Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ Church Membership \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade (2012-2013) \_\_\_\_\_  
Camper's E-mail address: \_\_\_\_\_  
Parent's Email address: \_\_\_\_\_ Parent's Cell \_\_\_\_\_

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 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.  
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:** \_\_\_\_\_

# **THIS PAGE IS TO BE KEPT FOR YOUR RECORDS**

## **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 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 2013 is \$175.00 for youth.**  
**Camp registration, along with a \$75.00 deposit is due with the application.**

***The remaining balance of \$100 is due by May 1, 2013.***

**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 \$75.00 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.*