

Age: _____ Male: _____ Female: _____ Birthday: ____ / ____ / ____

Camp Thunderbird 2010 Application

Early Bird Special \$50 off Price - "Application & money must be Postmark before May 31, 2008"

**(Note: early bird doesn't apply to Friendship Camp)
There is a \$10.00 discount on two (2) or more weeks spent at camp**

Name: _____
Last First Middle

Address: _____ Home Phone: () _____

City: _____ State _____ Zip: _____ Home Church: _____

Pastor of Church: _____ Sponsored By: _____

Baptized SDA Member Yes No **Baptized Other Member:** Yes No

Parents Name: Dad: _____ Mom: _____

Work #: _____ Work # _____

Week(s) I will attend:	Dates	Ages	Camp Fee
Friendship Camp	July 11 B 17	6 B 17	\$195.00 (Non-Church member)
<input type="checkbox"/> Arts/Crafts	<input type="checkbox"/> Swimming		\$245.00 (Church member)
<input type="checkbox"/> Tennis	<input type="checkbox"/> Drama		\$10.00 off per
<input type="checkbox"/> Sign Language	<input type="checkbox"/> Other _____		child in same family

Sports Camp	July 18 - 27	6 B 17	\$295.00
<input type="checkbox"/> Basketball	<input type="checkbox"/> Aquatics		
<input type="checkbox"/> Gymnastics (40)	<input type="checkbox"/> Golf (20)		
<input type="checkbox"/> Waterskiing (20)			

"Work out clothes for gymnastics need to fit loosely and be free of buttons, zippers, and belt loops. Bring black shorts for the Saturday night performance. NO JEANS."

(The numbers in parenthesis mean limited to that number)

T-Shirt Size (Sports Camp ONLY Please Circle):

Adult **S** **G** **M** **G** **L** **G** **XL** **G** **2XL** **G** **3XL** **G**

Day Camp	July 11 - 17	6 - 17	\$100.00
Day Camp	July 18 - 24	6 - 17	\$100.00

Day Camp is for local residents who do not want to stay overnight. Day Camp runs from 9:00am - 5:00pm

Please no personal checks:
Make cashers checks, money orders or church checks payable to: South Central Conference and Mail to: South Central Conference Youth Department 715 Youngs Lane Nashville, TN 37307

Visa or optional Credit Card (\$5.00 service charge fee added)
Card#: _____ Visa MC
Exp. Date: ____ / ____ / ____
Total Amount to Charge: _____

_____ Please print name of card holder

Camp Fee \$ _____
Store Money \$ _____
Camp Photo (8.00) \$ _____
Laundry Service (5.00) \$ _____
Visa/MC use fee (5.00) \$ _____

Sub Total \$ _____
Early Bird (-50.00) \$ _____
Other Discounts \$ _____
Non-refundable Deposit \$ _____

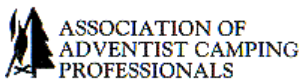
Amount Due \$ _____

How did you hear about us?

Friend Brochure Web Site Church Youth Congress Ad _____
 School Youth Federation

Donation to Camp Thunderbird _____

Donation to help a Disadvantaged child attend Camp _____



HEALTH RECORD: THIS IS A AMUST@ IN ORDER FOR YOUR SON/DAUGHTER TO ATTEND CAMP. EVERY BLANK MUST BE FILLED IN!

We the undersigned parent or guardian of _____ a minor, do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the general or special instructions of: any physician the Camp may call, or _____ MD, Phone () _____ whether such diagnosis or treatment is rendered at the office of said physician, at a licensed hospital, or at the Camp. It is understood that in the case of major accident or illness, reasonable effort will be made to reach the doctor listed above before any other physician is called by the camp.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Camp Thunderbird or the physician to exercise his best judgment as to the requirement of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing or until said minor is removed by the parent or guardian from the care of Camp Thunderbird. We hereby authorize any hospital or physician, or any other person who has attended or examined said minor to furnish the Camp=s insurance or its representative any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

Pre-existing medical conditions (specifically those that could be contagious), will need to have a doctors consent form filled out and accompany the child otherwise upon an examination by the camp nurse the child could possibly be sent home or to the doctor at the parent's expense.

Signed _____ Date: _____
PARENT OR GUARDIAN

Signed _____ Date: _____
WITNESS

1. Number of times applicant has attended camp: 1 2 3 4 5 6 other _____

2. Check if applicant has had any of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Convulsive disorders | <input type="checkbox"/> Frequent ear infections |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Clotting disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> History of Psychiatric treatment | <input type="checkbox"/> Other _____ |

3. **Tetanus Immunization Record (Required):**

Date of last immunization _____ Date of Last booster _____

4. Recent operation or injury: _____

5. Recent illness: _____

6. Medical instructions for camp nurse (Name and dosage of any medications that must be taken) _____

7. Allergies to any food or medicine? _____

8. Any other information that would be helpful for us in the care of your child/children: _____

Signature of: _____

Parent or Guardian