

Age: _____ Grade: _____ School: _____ Birthday: _____ / _____ / _____

Camp Thunderbird 2009 Application

Early Bird Special \$50 off Price - "Application & money must be Postmark before May 31, 2009"

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

Name: _____ Male
 Female
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
<input type="checkbox"/> Friendship Camp	Jul 5 – 11	6 – 17	\$195.00 (non-SDA members)
<input type="checkbox"/> Basketball			\$245.00 (SDA members)
<input type="checkbox"/> Swimming			\$100.00 (Day Camp)
<input type="checkbox"/> Other _____			

<input type="checkbox"/> Sports Camp	Jul 12 - 18	6 – 17	\$295.00 \$100.00 (Day Camp)
<input type="checkbox"/> Gymnastics (40)	<input type="checkbox"/> Aquatics		
<input type="checkbox"/> Basketball			
<input type="checkbox"/> Water Sports			

"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

(The numbers in parenthesis mean limited too that number)

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

Adult S M L XL 2XL 3XL

Please no personal checks:
 Make cashiers checks, money orders
 church checks payable to:

Camp Thunderbird
 5 Youngs Lane
 Nashville, TN 37207

For office use only	
Visa or optional Credit Card (\$5.00 service charge fee added) Card#: _____ Visa 9 MC 9 Exp. Date: ____/____/____ Total Amount to Charge: _____ _____ Please print name of card holder _____ Signature of card holder _____ <small>Credit Card information can be called in (615) 226-6500 x 137</small>	

For office use only	
Camp Fee	\$ _____
Store Money	\$ _____
Laundry Service (10.00)	\$ _____
Visa/MC use fee (5.00)	\$ _____
Sub Total	\$ _____
Early Bird (-50.00)	\$ _____
Other Discounts	\$ _____
Non-refundable Deposit	\$ _____
Amount Due	\$ _____

Donation to Camp Thunderbird	_____
Donation to help a Disadvantaged child attend Camp	_____



CONSENT TO MEDICAL TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION

HEALTH RECORD: THIS IS A "MUST" 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

(Numbers 1-8 must be completely filled in. If you do not know the dates for immunization and booster shots, you need to have another one administered.)

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:

- Heart trouble
- Convulsive disorders _____
- Frequent ear infections
- Asthma
- Allergies _____
- Clotting disorder
- Diabetes
- History of Psychiatric treatment _____
- Other

3. Tetanus Immunization Record:

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

How did you hear about us?

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

Signature of: _____
Parent or Guardian

We Look Forward to seeing you at Camp Thunderbird 2009