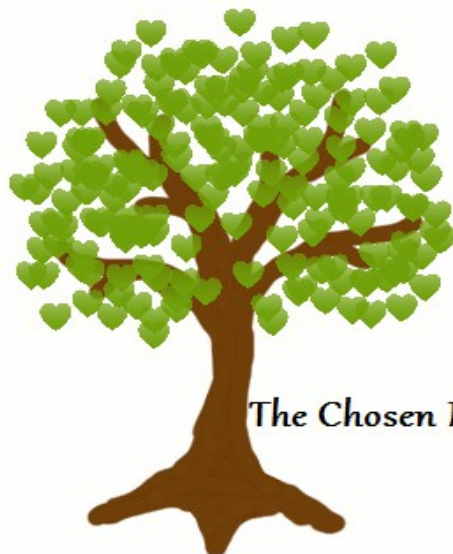


“A new commandment I give to you, that you love one another: just as I have loved you, you also are to love one another. By this all people will know that you are my disciples, if you have love for one another.” John 13:34-35 (ESV)



CAMPER APPLICATION 2018

CAMP DATES: AUGUST 18th , 19th , 20th 2018

**MAIL FORM TO: THE CHOSEN MINISTRY
3107 TAIT TERRACE
NORFOLK, VA 23509**

DEADLINE to Register: MAY 1, 2018

FEE FOR CAMP: \$150.00

- **\$50.00 NON-REFUNDABLE DEPOSIT IS REQUIRED**
- **\$35.00 ADDITIONAL TRANSPORTATION FEE IS DUE WITH DEPOSIT**
- **CAMP FEE INCLUDES: Lunches, snacks, camp t-shirt and banquet fee at Golden Coral**

MAKE CHECKS PAYABLE TO: THE CHOSEN MINISTRY

QUESTIONS:

EMAIL : THECHOSENMINISTRYCAMP2018@GMAIL.COM

OR CONTACT:

KAREN FOX	AT 757-754-8643	OR	FOXCONTRACTING@COX.NET
GYPSY STEELE	AT 757-639-0629	OR	GYPSYIWIN09@GMAIL.COM
JULIE BEASLEY	AT 757-663-2686	OR	JLBEASLEYARTCREATIONS@GMAIL.COM

Camper Application

Name: _____

Date of Birth: _____

Address: **If camper lives at a group home, please specify name of facility and location.**

Contact Information (Guardian, Camper, and Group Home Manager Phone and Email):

Circle which club(s) camper attends?

Holy Family Azalea WHBC Other

Circle T-shirt size:

XS SM MD LG XL 2X 3X 4X 5X

Need transportation? If yes, circle which pick up location you prefer:

Holy Family Azalea WHBC

Please note: The Chosen Ministry unfortunately **CANNOT provides transportation for those in wheelchairs. If a camper is in a wheelchair, they **MUST** have an attendant with them during camp.*

Did camper apply for a CAMBERSHIP? If yes, which city?

Does Camper need a SPONSORSHIP? Circle one. If yes, please contact The Chosen Ministry Email.

Yes No

GETTING TO KNOW YOU (OR YOUR CAMPER):

**We at Chosen Ministry understand that you know yourself (or your camper) better than anyone!
Please provide any details that you think would allow a new person to assist the best.**

Camper WILL NOT or SHOULD NOT participate in the following activities:

Camper can become anxious, agitated and/or scared by the following noises, things or situations:

What strategies are useful for redirecting and/or calming anxiety or agitation in camper:

Camper WILL NOT or SHOULD NOT eat the following foods:

Please note. The Chosen Ministry provides snacks for campers for those who forget or have medical issues that require snacks. Snacks include: Apple slices with or w/o peanut butter, celery, crackers, and nutra-grain bars.) If camper cannot have any of the above listed items or will be providing their own snacks, let us know **in advance.*

I need help with the following: (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Communicating | <input type="checkbox"/> Staying Calm |
| <input type="checkbox"/> Focusing | <input type="checkbox"/> Staying with Group |
| <input type="checkbox"/> Participating in Games | <input type="checkbox"/> Cleaning up my Area |
| <input type="checkbox"/> Understanding Rules | <input type="checkbox"/> Cleaning Myself (<u>Attendant Required</u>) |
| <input type="checkbox"/> Following Directions | <input type="checkbox"/> Eating/Drinking (<u>Attendant Required</u>) |
| <input type="checkbox"/> Food Portion Control | <input type="checkbox"/> Walking (<u>Attendant Required</u>) |
| <input type="checkbox"/> Healthy Food Choices | <input type="checkbox"/> Other: _____ |

Can you (or your camper) walk for more than:

- 5 minutes with no assistance
 10 minutes with no assistance
 15 minutes with no assistance

If not, please provide a reason:

Please note: The Chosen Ministry provides golf cart rides for those who cannot physically walk with or without assistance for long periods of time. However, Chosen has very few carts and rides are limited. Please let us know **IN ADVANCE if you (or your camper) needs this service **with a doctors note attached**.*

ATTENDANT POLICY

Please remember that The Chosen Ministry is run by **volunteers, not trained professionals**. Our volunteers are here to facilitate activities and to provide an important spiritual message for our campers. Your understanding and cooperation is **critical** to our success.

- Any campers who are in need of personal assistance in feeding, toileting, cleaning or dressing **must have an attendant** at camp.
- Any campers who have a history of elopement (trouble staying with the group), or have behavioral challenges **must have an attendant** at camp.
- Any camper in a wheelchair, **must have an attendant at camp**.
- An attendant may only accompany **2 campers** at most.
- Attendants fee is \$50 and **must complete** a Leader/Buddy/Attendant Form that states which individual(s) will be cared for, for the duration of camp, and it **must be submitted with the camper application(s) with attendant fee included**.

I have read and understood the Attendant Policy for The Chosen Ministry Camp at Triple R Ranch:

Name (Please Print): _____ Signature: _____ Date: _____
 Signature of Camper (18+ with no guardian or Medical POA) or Legal Guardian)

FINANCIAL POLICY

Deadline for Registration in May 1, 2018 Deadline for remaining balances due is July 1, 2018

A \$50 deposit is required to register, of which \$25 is refundable, if written notice is received 30 days prior to camp session. A \$35 non-refundable fee is required for transportation, if transportation is being requested. Campers who do not request transportation with registration are not guaranteed a space.

I have read and understood the Financial Policy for The Chosen Ministry Camp at Triple R Ranch:

Name (Please Print): _____ Signature: _____ Date: _____
 Signature of Camper (18+ with no guardian or Medical POA) or Legal Guardian)

CAMP MINISTRY ASSUMPTION OF RISK AND MEDIA RELEASE

I hereby request that I (or my camper) be accepted to attend The Chosen Ministry Camp at Triple R Ranch. I understand and am aware that I (or my camper) will be participating in many physical activities and that the potential for accidents does exist. In consideration of acceptance to The Chosen Ministry Camp at Triple R Ranch, I indemnify and hold harmless, The Chosen Ministry, Triple R Ranch, their agents, associates, staff, board of directors and all volunteers from any liability, claims, damages, injury, or illness sustained by me (or my camper). I also agree that The Chosen Ministry and Triple R Ranch may photograph and/or record video of me (or my camper) for use on promotional materials of any and all media.

I have read and understood the Camp Ministry Assumption of Risk and Media Release for The Chosen Ministry Camp at Triple R Ranch:

Name (Please Print): _____ Signature: _____ Date: _____
Signature of Camper (18+ with no guardian or Medical POA) or Legal Guardian)

THE CHOSEN MINISTRY CAMP MEDICAL AUTHORIZATION AND INFORMATION RELEASE

- *Please Note. This is the most important section of the application to ensure the overall health and safety of all campers that attend camp at Triple R Ranch with The Chosen Ministry. With that said: **ALL campers MUST provide a photocopy of their ID and INSURANCE CARD. Along with a completed MEDICAL FORM filled out and signed by a doctor. Any applications missing this portion of the form, WILL BE REJECTED.***
- *The medical form is attached to this packet.*
- *If you **DO NOT** want The Chosen Ministry and its volunteers to provide and apply bug-spray/**and or sunscreen**, please provide a written prescription from the doctor and provide the approved said items.*

I, _____, do hereby authorize The Chosen Ministry to seek and obtain medical care for myself (or my camper), _____, in the event that I (or my camper) need(s) medical care. I further authorize The Chosen Ministry, Triple R Ranch, and any representatives, to use and disclose the protected health information for the camper on this application if emergency care is needed. This authorization for release of information covers the period of healthcare from August 18th 2018 to August 20th 2018.

I have read and understood the Medical Authorization and Information Release for The Chosen Ministry Camp at Triple R Ranch:

Name (Please Print): _____ Signature: _____ Date: _____
Signature of Camper (18+ with no guardian or Medical POA) or Legal Guardian)

Visit our Website: thechosenministry.org