

**PUCKETT/WALKER BIBLE CAMP APPLICATION**

**June 11-16, 2017**

*PLEASE RETURN COMPLETED AND SIGNED APPLICATION WITH \$200 CHECK TO:*

**Melbourne Church of Christ  
810 Hollywood Boulevard  
West Melbourne, FL 32904  
Attn: Puckett/Walker Bible Camp**

**Deadline:  
June 5, 2017**

**FOR OFFICE USE ONLY:**  
Received \_\_\_\_\_ Postmarked \_\_\_\_\_  
Deposit \_\_\_\_\_ Bal. Due \_\_\_\_\_  
Paid in Full (Cash) \_\_\_\_\_  
(Check #) \_\_\_\_\_

NAME \_\_\_\_\_ AGE NOW \_\_\_\_\_ GRADE ENTERING IN FALL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
COUNTY \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_  
Baptized member \_\_\_\_\_

Name of Home Church \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Parent(s) (Guardian) \_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Emergency Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Parent Email Address \_\_\_\_\_ Camper Email Address \_\_\_\_\_  
Name of camper's health insurance company \_\_\_\_\_ Policy Number: \_\_\_\_\_

**HEALTH INFORMATION:** Are immunizations current? \_\_\_\_\_ Approximate date of last tetanus shot \_\_\_\_\_  
Health Concerns: \_\_\_\_\_ Allergies \_\_\_\_\_

*All medications should be checked in with camp nurse upon arrival at camp.*

**PAYMENT REQUIREMENTS:** The cost of the camp session is \$200. Please make your check payable to Melbourne Church of Christ, and note on the "for" line that it is for Puckett/Walker Bible Camp. Payment needs to be received by June 5, 2017.

**General Info:** Campers are expected to behave themselves properly. Any act of disrespect toward camp personnel, intimidation toward other campers or camp personnel, or general misconduct, which may disrupt the camp environment, will not be tolerated and will result in corrective action. Guns, knives, illegal drugs, alcoholic beverages, and tobacco products are strictly forbidden on camp grounds by any camper, camp personnel, or any visitor. Cell phones are only to be used during free periods and by permission of a counselor or other responsible adult. Failure to follow this policy could result in the cell phone being confiscated and returned to camper at the end of the week. Please do not send your child to camp with "energy drinks," pills, or any other types of foods or drinks that have high amounts of caffeine or other ingredients that are designed to keep someone awake beyond normal waking hours. PLEASE DO NOT BRING expensive MP3 players/iPods, jewelry, cameras, etc. to camp! *Puckett/Walker Bible Camp is not responsible if these items are broken or lost.*

**AGREEMENT WITH PARENT OR LEGAL GUARDIAN:** It is necessary for parents to assume responsibility for the applicant. Below is a legal agreement for this purpose that you should sign and date.

In consideration of the acceptance of the named applicant, I, the undersigned parent or guardian, as the case may be, covenant and agree with Puckett/Walker Bible Camp, that I will at all times hereafter indemnify, keep indemnified, and save harmless the said Puckett/Walker Bible Camp from all actions, proceedings, claims, demands, costs, damages, and expenses, which may be brought against or claimed from Puckett/Walker Bible Camp, or which I may pay, sustain, or incur as a result of illness, accident or misadventure to the named applicant, during the period that said applicant is a participant of Puckett/Walker Bible Camp at Camp Ithiel.

In submitting this signed application, the camper and parent(s) or legal guardian agree to cooperate with the rules of Puckett/Walker Bible Camp. Disregard for the rules could result in the camper being sent home. I also understand that Puckett/Walker Bible Camp may, at the discretion of the camp director and/or coordinator, search the camper's car, luggage, backpack, purse, etc., if there is reason to believe that illegal drugs, tobacco, alcoholic beverages, or other harmful or objectionable items are in their possession. I also understand that my child's picture may be used for promotional purposes at the discretion of Puckett/Walker Bible Camp.

**I have read this entire application**, and I agree to abide by Puckett/Walker Bible Camp rules as stated herein. I hereby authorize Puckett/Walker Bible Camp and its duly appointed agents to consent to any and all emergency medical treatment on behalf of the herein named minor child. (The camp nurse, coordinator, or director will make every effort possible to notify the emergency contact before any treatment is given.)

**MY CHILD WOULD LIKE TO RIDE THE \_\_\_\_\_ MELBOURNE CHURCH BUS \_\_\_\_\_ CHRIST CENTRAL BUS TO/FROM CAMP**

**Signature of parent or legal guardian is required for camper to attend Puckett/Walker Bible Camp**  
Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_