



YOUTH CAMP: WAWONA, YOSEMITE  
SEPTEMBER 16-18, 2016

For SAYM staff use only	
Date received: _____	Amount Received: _____
Received by: _____	Initials: _____
Comments: _____	

**A. Applicant's Information**

Applicant's Name \_\_\_\_\_

M  F  Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, CA \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

I read all the rules of the camp. I promise to follow and acknowledge that the violation of one or more of the regulations stipulated herein shall be grounds for expulsion.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**B. Contact (in case of an emergency)**

Name \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

I, the undersigned, approve the camp application and expressly waive any and all claims against Spanish-American Church/SAYM Youth Camp, it's manager, staff or representatives because of any injury or damage that may be incurred to the named applicant. I also authorize the camp to act in the best interest of each camper in the event of an emergency.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**C. Emergency Medical Authorization:**

I authorize the health care providers at camp permission to give over the counter medication and administer medical treatment, if necessary.

Applicant's Signature [Firma del Padre si es Menor]: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**D. Consentimiento Médico y Civil del Acampante:  
Camper's Medical & Liability Release Form**

Mencione cualquier condición médica que el acampante tiene (List any medical condition the minor has): \_\_\_\_\_

List any allergies to:  
Comida (Food): \_\_\_\_\_  
Medicina (Medicine): \_\_\_\_\_  
Tiene el acampante alguna de las siguientes condiciones?/Does the camper have any of the following conditions?

Fiebre (sinus/hayFever)     Asma (Asthma)  
 Epilepsia (Epilepsy)         Diabetes (Diabetes)  
 Problemas del Corazón (Heart Problems)  
 Explain any other medical need \_\_\_\_\_

**E. Church Information**

As the camper's pastor, I support his/her acceptance to the camp.

Ptr.'s Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**F. Type of Activity:**  Camping Trip

**Transportation for Activity:**

Not Needed     I need transportation

**G. REGULATIONS**

1. Respect and obey all Youth Ministry staff (SAYM), assistants and camp staff.
2. We will not allow any camper without previously registered. Our priority is our church youth.
3. Every camper must participate in the general activities, respecting the hours of silence, meetings, food and recreation. We do NOT want anyone with their own agenda.
4. If there are any couples, they must keep an adequate behavior, avoid isolation, be seen at all times.
5. We are NOT responsible for lost objects. We HIGHLY recommend NOT to bring valuable objects; we will activities that involves leaving the camp site.
6. Cleaning and hygiene are required from each camper and in the areas where we are. Put garbage in the respective places.
7. Animals or pets are NOT allowed. It is the camp's policy.
8. There will be NO accommodation for marriage or children.
9. Damage to private property will be the responsibility of the camper.
10. For safety, you are not allowed to leave the camp before the departure time without the permission of the directive.
11. SAYM has the authority to make changes to previous regulations.
12. The violation of one or more of the regulations stipulated herein shall be grounds for expulsion from the camp.

**H. SAYM Ministry Activity  
Parental Consent For Medical Treatment**

**Date of Activity: September 16-18, 2016**

Name of Minor \_\_\_\_\_

We, the undersigned parent or guardian of the above stated Minor, a Minor actively involved with the Spanish American Church, in the event of any major medical emergency involving said minor, do hereby give consents to provide said minor, with 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 Spanish American Youth Ministry my contract or call, whether such diagnosis or treatment is rendered at the office of said physician, or at a licensed hospital, or at this outing. It is understood that in the case of major accident or illness, reasonable effort will be made to contact the parent or guardians before the SAYM proceeds with emergency medical treatment. 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 the SAYM or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing or until the parent or guardian from the care of the SAYM removes said minor on the day of this activity/event. We hereby authorize any hospital or physician, or any other person who has attended or examined said minor to furnish the Spanish American Church Insurance or its representative any and all information with respect to any illness, medical history, consultation, prescription, or treatment, and copies of all hospital or medical records.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

**I. SACChurch FIELD TRIP PERMISSION SLIP**

**Activity: CAMPING TRIP**

Date: September 16-18

Child's Name: \_\_\_\_\_

Emergency Contact Name and phone number: \_\_\_\_\_

Spanish American Church will exercise responsibility in assuring a safe time for all Children. Children will be chaperoned by responsible adults who will take all necessary precautions to protect children from harm or injury. I understand that my signature on this permission slip means that I will not hold the church or its sponsors liable in any way of accidents, injuries or illness on any school sponsored extra curricular activity or field trip.

I hereby give my child

\_\_\_\_\_ Permission to participate in the church trip scheduled for **Wawona, Yosemite**

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ All drivers must have valid drivers license and proof of insurance on file with the church office



**SAYM**

**SPANISH AMERICAN YOUTH MINISTRY  
YOUTH CAMP  
SEPTEMBER 16-18, 2016  
\$40 per person**

<http://sayouthministry.weebly.com>

**NOTE: ALL applicants must fill in sections A-F  
Under 18: MUST FILL ALL SECTIONS**