



CHURCH OF CHRIST

b i s m a r c k

Dakota Christian Camp Application

Name: _____

Sex: Male Female Age: _____ Grade completed: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Church Preference: _____ Member: Yes No

I will obey the camp rules: _____ (Campers Signature)

Medical History of the camper

Are immunizations current? Yes No if yes, please list: _____

Does the camper have allergies or medical problems that will affect his/her meals or participation in the activities at camp? Yes No if yes, please list: _____

I have completed the medical history on this application form. I understand the camp directors and staff will exercise all reasonable care and caution for the safety of the camper. I will ensure that the camper is covered by health and accident insurance for any accident or injuries that may occur to the camper. In lieu of appropriate insurance, I will be financially responsible for any accidents or injuries that may occur to the camper.

Signature of Parent or Guardian / /
Date _____
Phone

Enclose at least \$15.00 as a deposit; the balance of the camp fee is due upon arrival at camp. Make all checks payable to Dakota Christian Camp and send applications with the deposits to:

**Dakota Christian Camp
1914 Assumption Drive
Bismarck, ND 58503**

The Camp Director may reject any application if it is determined that the camper would not be good for the camp. If the camper will not obey the camp rules, the director reserves the right to send the camper home.

Rules for acceptance and participation in the camp program are the same for everyone without regard to race, color, national origin, sex, age, or disability. To file a complaint write: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, D.C 20250-9410 or call (202) 720-5964 (voice and TDD).