

# Dakota Christian Camp Application

Name: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Church Preference: \_\_\_\_\_ Member: Y / N

I will obey the camp rules: \_\_\_\_\_ (Campers Signature)

Medical History of the camper: Are immunizations current? Y / N if yes, please list: \_\_\_\_\_

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Does the camper have allergies or medical problems that will affect his/her meals or participation in the activities at camp? Y / N if yes, please list: \_\_\_\_\_

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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 the may occur to the camper.

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\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
*Signature of Parent or Guardian*                      *Date*                      *Phone Number*

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**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 58501.**

**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).**