

APPLICATION FORM / Parent of Minor Consent Form

Name of Event: 2022 Hume Lake Summer Camp Event date(s): Sun 7/24 – Sat 7/30

Location(s): Hume Lake, Hume CA Cost: \$720. **Payments: \$240. due with application**

2nd deposit: \$240. Due: 5/31 3rd deposit: \$240. Due: 6/28 Check or Cash

Hume Lake will be adding a surcharge for all campers who request special diets or meals. If special food preparation is requested, Hume Lake will require an additional fee. This is separate from the application process and will be requested at a later time. You will be alerted via email from Hume.

Student Name: (First) _____ (Last) _____

Date of Birth: _____ Age: _____ M _____ F _____ Grade(as of Fall semester) _____

Street: _____

City _____ Zip Code: _____

Parent Phone: _____ Student Cell: _____

Parent Email: _____ Student Email: _____

Once the applicant is accepted and your student is on the Attending Roster, the parent email listed above will receive a link/access code from Hume Lake to enter the required medical forms. Once that is done, registration is complete.

Additional comments re: medical history, allergies, current medications, or physical limitations: _____

I have been informed of the above activity sponsored by Pacific Coast Church and hereby give my consent for my minor child to participate in this activity. I understand that all reasonable safety precautions will be taken by the leaders of this activity and that the possibility of an unforeseen hazard does exist. In the event I cannot be reached in an emergency during this function's dates noted on this form, I give my permission to the nurse, physician or emergency medical personnel selected by PCC staff to secure proper treatment and/or to order an injection, anesthesia, surgery or hospitalization for my child/ward as deemed necessary. I hereby waive all claims and further agree not to hold Pacific Coast Church, its leaders, employees and volunteer staff liable for damages, losses, diseases, injuries, or death incurred by the minor on this form.

Parent/Guardian Name: _____

Parent/Guardian Signature: **X** _____ Date: _____

Emergency Contact & Phone # _____ Alt #: _____

Insurance Company: _____

Group # _____ Policy # (if applicable) _____

Student Signature: X _____ Date: _____

By signing I agree that I will obey all rules/guidelines set forth by PCC/event staff. Parents: By signing, you acknowledge that you may be called to come get your student at any time for any actions (disciplinary/safety) deemed inappropriate by PCC/event staff.

(For Office Use ONLY) Date received: _____ Payment/Deposit: _____ Cash/Check# _____