



The Salvation Army  
**HIDDEN FALLS CAMP & CONFERENCE CENTER**  
 208 Hidden Falls Camp Road, Bedford, Indiana 47421  
 (812) 279-2495

**YOUTH CAMP**  
**CAMPER APPLICATION – SUMMER 2017**  
*(Complete all information & signatures)*

Corps: \_\_\_\_\_

Please submit with camper fee (\$25 per session) and scholarship application(if applicable) attached.

**1. Check camp sessions camper will attend:**

Mini Mites Camp (Ages 6-8) June 5-8 (Mon-Thurs)	Teen Camp (Ages 13-17) July 3-7
Outdoor Experience Camp (Ages 12-17) June 5-8	Junior Music Camp (Ages 7-8) July 11-15 (Tues-Sat)
Junior Camp (Ages 9-12) June 12-16	Music Camp (Ages 9-17) July 8-15 (Sat-Sat)
Sports Camp (Ages 9-13) June 26-30	Character Building Camp (Ages 6-17) July 17-21

**2. Camper Information** *(Please print)*

<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>SEX: (CIRCLE) M F</b>	
<b>Address:</b>			<b>Birthdate:</b>		<b>Age:</b>
<b>City:</b>			<b>Grade Entering in Fall 2017:</b>		
<b>State:</b>		<b>Zip:</b>	<b>Corps/Church:</b>		
<b>Camp T-Shirt Size: (please circle)</b>		<b>Youth: S M L</b>		<b>Adult: S M L XL XXL 2XL 3XL</b>	
<b>Parent or Guardian Last Name:</b>			<b>First Name:</b>		
<b>Address:</b>			<b>Email:</b>		
<b>City:</b>		<b>State:</b>	<b>Zip:</b>	<b>Phone: ( )</b>	

**3. Emergency Information** *(Please print)* If parent/guardian cannot be reached in the event of an emergency

<b>1. Name:</b>	<b>1. Name:</b>
<b>2. Relationship:</b>	<b>2. Relationship:</b>
<b>3. Home Phone:</b>	<b>3. Home Phone:</b>
<b>4. Cell Phone:</b>	<b>4. Cell Phone:</b>

**4. Over The Counter Medicines and First Aid Treatment**

**Check those which CAN BE applied and/or administered to this camper while at Hidden Falls Camp:**

<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> Diphenhydramine HCL (Benadryl)	<input type="checkbox"/> Antacid
<input type="checkbox"/> Hydrocortisone Cream	<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Ibuprofen
<input type="checkbox"/> Antibiotic Ointment	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Band Aids
<input type="checkbox"/> Loperamide (Imodium)	<input type="checkbox"/> Calamine Lotion	<input type="checkbox"/> Sunscreen
<input type="checkbox"/> Cough Suppressant	<input type="checkbox"/> Topical Analgesic	<input type="checkbox"/> Decongestant

**5. Household**

Does camper have siblings or other family members (in the same household) who will also attend Hidden Falls Camp for Summer 2017? :

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**6. Optional Demographical Information**

Corps Assessments and various grants allow us to keep the camper cost low at Hidden Falls Camp. Many grants require demographical information of our campers. While this section is optional, it is extremely helpful in reporting to funders. None of this information will determine your child's eligibility to attend camp.

**Race:**

- African American
- Asian/Pacific Islander
- Caucasian
- Native American/Alaska Native
- More than one race
- Other

**Type of Household:**

- Two Parents
- Single Parent
- Grandparents
- Foster
- Other

**7. Additional Camper Information**

Is there any other information about your child that would be helpful to make their camping experience successful?

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# CAMPER HEALTH AND MEDICAL HISTORY

This side to be filled out by parent/guardian or adult camper (18 & over)

Camper Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

## MEDICATIONS INFORMATION

Any camper who needs medication dispensed at camp **MUST** have this section completed. **ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINER WITH PRESCRIPTION LABEL AFFIXED.**

	Name of Medication	Time/Dosage Given	Reason for Medication
1			
2			
3			
4			
5			

## HEALTH HISTORY

(Check. Give approx. dates:

- \_\_\_\_\_ Tetanus Shot
- \_\_\_\_\_ Frequent ear infections
- \_\_\_\_\_ Heart defect/disease
- \_\_\_\_\_ Convulsions
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Bleeding/clotting disorder
- \_\_\_\_\_ Hypertension
- \_\_\_\_\_ Mononucleosis
- \_\_\_\_\_ Psychiatric treatment
- \_\_\_\_\_ Strep throat

### Diseases:

- \_\_\_\_\_ Chicken Pox
- \_\_\_\_\_ Measles
- \_\_\_\_\_ German Measles
- \_\_\_\_\_ Mumps
- \_\_\_\_\_ Lead poisoning
- \_\_\_\_\_ Sickle Cell

### Allergies: (Dates not needed)

- \_\_\_\_\_ Hay Fever
- \_\_\_\_\_ Poison Ivy, Poison Oak
- \_\_\_\_\_ Insect Stings
- \_\_\_\_\_ Penicillin
- \_\_\_\_\_ Other drugs \_\_\_\_\_
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Does your child have any behavior considerations that might cause concern while at camp? \_\_\_\_\_ Explain: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Dietary Restrictions:** \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

Activities to be limited: \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry family medical/hospital insurance? Yes  No

If YES, indicate: Name of Insured: \_\_\_\_\_

Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Medical Assistance # \_\_\_\_\_

**Additional Health Information:** \_\_\_\_\_

### FOR FEMALE:

Has this person menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

If so, is her menstrual history normal? \_\_\_\_\_ Special considerations: \_\_\_\_\_

## IMPORTANT

This section **MUST** be completed for attendance at camp

By my signature below, I am stating that this health history is correct to my knowledge, and the person herein described has permission to participate in all camp activities unless stated in writing by physician. I hereby give permission to the medical personnel selected by a representative of The Salvation Army to order X-rays, routine tests, treatment; to release records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by a Salvation Army representative to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult camper: \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

## POLICIES & AGREEMENT

### Parent Contact

Camp Leadership will call the parent/guardian, identified on this form; any time health care outside of camp is necessary for your child. In an emergency, should the parent/guardian not be available by phone, we will call the alternate contacts. Emergency care will not be withheld in the event the parent/guardian or alternate contact is not available by phone. Campers will not have regular access to a phone to contact their parents, but messages can be left at the office to be given to campers.

### Head Lice

Your child will be checked for head lice upon arrival at camp. If lice or nits are found, your child will be sent home. Your child will not be able to return to the current camp. Please take the appropriate measures to ensure this unfortunate outcome won't affect your child's camp experience. This policy is non-negotiable and is for the protection of all campers. Please see the Head Lice Policy in the attached camp information packet for treatment procedures to ensure that your child can attend future camps.

### Dress Code

The camper is expected to abide by the dress code as outlined in the attached camp information packet. If camp leadership indicates that the camper's clothing breaks the dress code, the camper must change his/her clothing before being allowed to resume camp activities. If the camper refuses to change, this may result in parent contact and possible dismissal from camp.

### Medications

All medications (including over the counter or nonprescription medication) **must** be turned in to the Camp Health Officer. They must be in the original container (or accompanied by doctor's note) that identifies the prescribing physician, the name of the medication, dosage, and the frequency of administration. Over the counter medication will only be administered on a regular basis if accompanied by a note from a physician indicating the above information. Bring enough medication to last the duration of the camp. *Please Note: If your child needs medication when attending school, then that medication is also needed at camp.*

### Parent Agreement (MUST BE COMPLETED FOR ATTENDANCE)

I wish to enroll \_\_\_\_\_ in the above camp sessions. In signing this application I understand that my child will be expected to abide by the rules of the camp and the guidance of his/her leaders. I will help my child understand the importance of getting along with other campers and obeying the camp leaders.

I agree that my child shall participate in the entire camp program set up by The Salvation Army which includes religious services. I understand that if my child does not adhere to the camp policies and/or has severe misconduct, he/she may be sent home and that it is my responsibility to provide transportation home from Hidden Falls Camp.

By signing below, I also understand and give permission for my child to ride in a Salvation Army vehicle for transportation to and from Hidden Falls Camp, while on camp for special circumstances including field trips. I hereby give my permission for my child to participate in off-camp activities should these be included in the schedule.

Parent Signature:

Date:

### CAMPER CODE OF CONDUCT

I \_\_\_\_\_ agree to conduct myself in a manner that will be a credit to me, to Hidden Falls Camp, to The Salvation Army, to all involved in the summer camp session, and to my church/corps community. I will:

1. Dress appropriately and wear whatever clothing and/or equipment required for activities.
2. Show respect for the rights, privacy and property of others.
3. Show respect for the property and facilities of Hidden Falls Camp and The Salvation Army.
4. Comply with the schedule for programs, activities, meal times and limitations on free time activities.
5. Not possess or use any alcohol, tobacco or drugs during camp.
6. Not bring to camp flammable or explosive materials, poisons, weapons or pets.
7. Take responsibility for my own personal property.
8. Agree to abide by all local, state and federal laws and rules and regulations issued by Hidden Falls Camp staff and The Salvation Army or their representatives.
9. Cooperate with and show respect to the camp staff, other participants, representatives of Hidden Falls Camp, The Salvation Army, and invited guests.
10. Not use profanity while at Hidden Falls Camp.
11. Follow guidelines for public displays of affection.
12. Attend and be reverent in all worship services at Hidden Falls Camp.

### Camper Agreement (MUST BE COMPLETED FOR ATTENDANCE)

By signing, I promise to be a good camper at Hidden Falls Camp. I will obey the rules, policies and camper code of conduct. I will respect all other campers and leaders. I understand that if I break the rules or show disrespect for others, I may be sent home. I sign this on my honor.

Camper Signature:

Date:

**The Salvation Army Hidden Falls Camp  
Challenge Course, Paintball, Archery, Rifles and Bikes  
Participant Assumption of Risk and Waiver Agreement**

\_\_\_\_\_  
Print Participant Name

**Salvation Army Summer Camps**  
\_\_\_\_\_  
Print Name of Group

\_\_\_\_\_  
Parent/Guardian Name if under 18 years of age

\_\_\_\_\_  
Date

**Instructions: Please read this form carefully. Each participant and his/her parent/guardian must initial each paragraph and sign at the bottom. Without all the appropriate signatures, the individual will not be permitted to participate in the programs.**

The challenge course program involves a variety of activities including warm-ups, games, group initiatives, low and high course elements, and possibly other rigorous physical adventure activities. The paintball, archery, and riflery programs involve a variety of activities, including target practice and team competitions. The bike program involves a variety of activities including both trail and pavement riding.

I understand that I will be participating in activities that involve periods of physical exertion, balancing, heights, lifting, pushing, pulling, climbing, cycling, shooting, marking, exposure to paintball pellets. I know most activities will be outdoors where I will need to watch for slippery and/or uneven footing, limbs and branches, insects or animals, and possible exposure to extreme or inclement weather.

I understand that there is risk of bodily and/or psychological injury, including a potential for permanent disability or death, resulting from any participation in the programs and/or from the equipment involved in my participation. I understand that the risks also include loss or damage to personal property. I freely assume all such risks, both known and unknown, and assume full responsibility for my participation. I understand that I will be thoroughly informed of the rules of participation, including all safety related rules, and agree to fully comply with them during my participation.

I understand that all possible precautions are taken to insure that all programs and activities sponsored by The Salvation Army Hidden Falls Camp and Conference Center are conducted by mature, qualified, and certified personnel in a safe and responsible manner.

I understand that my participation in challenge course, paintball, archery, bikes, and riflery programs offered by Hidden Falls Camp and Conference center is based on the Participation is Voluntary philosophy. At all times I will choose my level of participation in any activity. I agree to exercise good personal judgment, to ask for help if concerned about my safety, and to be responsible for deciding if a proposed activity is appropriate for me.

I have informed the camp on the appropriate medical form of any physical, mental, or medical condition that might affect my ability to participate or affect other members in my group. I realize that failure to provide such information could result in serious harm to me, my child, or others. I also state that I am not under the influence of any chemical substance, including alcohol.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless The Salvation Army, an Illinois Corporation, its officers, employees, agents, and associates and The Salvation Army Hidden Falls Camp and Conference Center, its employees, agents, and associates, harmless for accidents, injury, death, loss or damage to property that might occur during these programs.

By signing this waiver I indicate that I have read and understand all materials outlining the challenge course, paintball, archery, bikes, and riflery programs participation for myself, including this waiver and agree to abide by these terms. I am aware that this is a waiver and a release of liability, and I sign it voluntarily.

**If I am completing this form for my minor aged child, I give permission for him/her to participate in these activities.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian if under 18 years of age

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip



# The Salvation Army Photo Release Form

## PURPOSE:

To obtain from photo and interview subjects the right to use their portraits and statements in Salvation Army publications, promotions, and/or advertising. Those under the age of 18 must have a parent or legal guardian to sign for them.

## LEGAL:

I hereby irrevocably grant to The Salvation Army the absolute right and permission to copyright and/or publish or use photographic portraits of me (or my child), or in which I (or my child) may be included in whole or in part, or composite or distorted in character form, in conjunction with my (or my child's) name or a fictitious name, or reproductions thereof in color or otherwise, made through any media, including social, for art, advertising or any other lawful purpose whatsoever. I also grant The Salvation Army the same right and permission to use any statements or testimonials made by me (or my child).

DATE: \_\_\_\_\_

CAMPER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT /GUARDIAN NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

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OPT OUT: I do **NOT** give permission to The Salvation Army to use my (or my child's) photograph or statements in any publication. **\*Please fill out this section if the camper is a foster child\***

CAMPER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR GUARDIAN NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

# Household Application for Free and Reduced Price Summer Meals

**STEP 1** List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
 Children in **Foster care** and definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway

Check all that apply

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4. (Do not complete STEP 3) **Case Number:** \_\_\_\_\_  
 Write only one case number in this space.

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Child Income**  
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

**B. All Adult Household Members (including yourself)**  
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only, if they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistant/Child Support/Alimony			Pensions/Retirement/All Other Income				
	Weekly	Bi-Weekly	Zr Month	Monthly	Weekly	Bi-Weekly	Zr Month	Monthly	Weekly	Bi-Weekly	Zr Month
	\$				\$				\$		
	\$				\$				\$		
	\$				\$				\$		
	\$				\$				\$		
	\$				\$				\$		

**Total Household Members (Children and Adults)**

**Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member**

X X X X X X  Check if no SSN

**STEP 4** Contact information and adult signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone and Email (optional) \_\_\_\_\_

Printed name of adult completing the form \_\_\_\_\_ Signature of adult completing the form \_\_\_\_\_ Today's date \_\_\_\_\_

