

# APPLICATION/RELEASE FORM FOR MISSION SERVICE

## PASSPORTkids! Mission Camp

Eagle Eyrie Conference Center ~ Lynchburg, Virginia

June 19 - 22, 2010 (Saturday-Tuesday)

### CAMPER INFORMATION

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade in Spring 2010: \_\_\_\_\_

Parent or Legal Guardian Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### IN THE EVENT OF AN EMERGENCY, please contact:

Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MEDICAL CONSENT** -- In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### INSURANCE INFORMATION

I understand that Yorkminster Presbyterian Church has basic liability insurance that may or may not provide coverage for personal injuries of members while on the mission field and that the church will take appropriate steps to obtain payment in the event of an injury or sickness that occurs as a result of missionary service. I agree to provide my own medical insurance coverage to supplement the coverage provided by the church and agree to work with the church to properly execute any claims that may arise.

I have medical insurance with: Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy and/or Group Number: \_\_\_\_\_

Insured's I.D. Number: \_\_\_\_\_

If covered by the policy of another, please give the name of the Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My Child has my permission to ride in the Yorkminster Presbyterian Church Van: Yes  No

### FINANCIAL RESPONSIBILITY

The cost of the trip payable to Yorkminster Presbyterian Church is \$ 235.00 \*

Enclosed is my check for \$60 as a non-refundable deposit. By turning in this form and deposit, I agree to pay the balance by May 1, 2010. Please return form to:

Anna Copenhagen \* Yorkminster Presbyterian Church \* 6218 George Washington Mem. Hwy  
Yorktown, VA 23692

*\*If you need financial assistance, please check this box & fill out the scholarship form*

## APPLICATION FOR SCHOLARSHIP

### GENERAL INFORMATION

Child's Name: \_\_\_\_\_ Grade in Spring 2010: \_\_\_\_\_

Parent or Legal Guardian Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Scholarship amount you are applying for \_\_\_\_\_

### STATEMENT OF INTENT

Child/Youth: Please use the space below to write a short paragraph stating your reasons for wanting to go on this camp/retreat.

Youth Signature \_\_\_\_\_

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

*\*Please return with permission slip to:*

Anna Copenhaver \* Yorkminster Presbyterian Church \* 6218 George Washington Mem. Hwy  
Yorktown, VA 23692

As the cost of our mission trips grow over the years, we have increasingly seen the need to offer assistance to help youth/children attend summer mission and camp experiences. Please know that all applications are held in strict confidentiality.

Scholarships will be awarded to those who apply as funds are available. All scholarship recipients