

Fusion Street Ministries

fusion: \ 'fyu-zhen\ n: a merging of diverse elements into an unified whole

Fusion Camp 2011  
Camper Application

Camper's Name \_\_\_\_\_ M/F \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone # (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail address \_\_\_\_\_

Have you ever been to camp before? \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Home Phone # (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Phone# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Does camper have any illnesses we need to be aware of? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does camper take any medications regularly? \_\_\_\_\_ Name of medications and dosage: \_\_\_\_\_

Does camper have any allergies? (i.e. plants, insect stings or bites, foods, medications, etc.) \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Church presently attending, if any. \_\_\_\_\_

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

Pastor's name \_\_\_\_\_ Office Phone # (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Tuition is \$80 for early bird registration before May 15. \$90 for regular registration. \$20 non-refundable registration fee is due with application. Balance is due upon arrival at camp.. Please make checks payable to Fusion Street Ministries.

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Parent or Guardian

I have discussed the camp code with my child, and they understand it. I give my permission to let my child attend camp. I give my permission for camp pictures or video of my child to be used in camp publications and promotional activities. In case of an emergency, I give my permission for my child to receive medical attention as necessary. I understand that in case of such an event, I will be contacted as soon as possible.

\_\_\_\_\_  
Parent or Guardian Signature                      Date                      Relationship to Camper