

2022 SOL Bible Camp - July 31 -August 6th
Application Form

Name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Parent's phone #: _____ Camper's phone #: _____

Parent's E-mail: _____ Campers E-mail: _____

Age (when camp begins): _____ Birth date: _____

Adult T-shirt size (circle one): 3XL / 2XL / XL / L / M / S _____

Name of parents: _____ Emergency contact number: _____

List any medications taken regularly: _____

List any allergies or medical conditions: _____

Camp rules (camper must initial after each rule, indicating they accept these rules):

- 1) No cell phones or entertainment devices. All such items will be collected at check-in and returned at check-out.
- 2) Modest clothing - Casual clothing will be acceptable for daily wear at camp. Bermuda shorts and long cutoffs are allowable. Shoes and shirts must be worn at all times in public. _____
- 3) Attendance of all scheduled events is expected. Exceptions will only be made in extreme cases and with prior approval. _____
- 4) Respect will be shown to all persons. Read Matthew 7:12. Also, respect will be shown to all camp property as well as property of others. _____

I look forward to a week of Bible study and fellowship and agree to abide by all rules of the camp.

Camper signature: _____ Date: _____

I agree to have my son attend camp and I authorize camp personnel to administer first aid as necessary or to take camper to the hospital emergency room (in case parents are not available) for such treatment as is deemed necessary. I will assume full responsibility for any medical bills that might result.

Parent signature: _____ Date: _____

Check-in: Sunday 2:00PM Check-out: Saturday at 9:00AM

Camp fee is \$125. You may pay by check or Paypal.
Make check payable to: School of Good Works
Paypal: SchoolofGoodWorks@gmail.com

Mail application & check to: School of Good Works
1310 W Church St
Elmira, NY 14905

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| 2022 campsite location: School of Good Works 1310 W Church St Elmira, NY 14905 |
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For further information please contact Joe Works at: SchoolofGoodWorks@gmail.com or 201-398-8438

SOL Bible Camp Health Form

(These items are required by the State of New York Dept of Health)

Name of camper: _____

1. Is camper allergic to any medications or food? Circle one: Yes No

If yes, please list the food and medications you are allergic to:

2. Does camper have any medical conditions we should know about? Circle one: Yes No

If yes, please describe:

3. Has camper received the Covid-19 vaccination? If so, which ones?

4. Immunization record: (Health Dept. Requires dates for each. Do not write "current")
(If unvaccinated, simply check the box on letter "J")

A. Diphtheria

F. Poliomyelitis

B. Haemophilus Influenza Type B

G. Rubella

C. Hepatitis B

H. Tetanus

D. Measles

I. Varicella (Chicken pox)

E. Mumps

J. Unvaccinated

* No camper will be prevented from attending
due to lack of immunization

4. Do you, as the parent, grant permission for the School to administer bug spray and/or sun screen?

Circle one: Yes No

Parent or Guardian's (or Camper if 18 years of age or older) Agreement and Medical Release

I agree to have my son attend camp and I authorize camp personnel to administer pain relievers, and/or first aid as necessary, or to take camper to the hospital emergency room (in case parents are not available) for such treatment as is deemed necessary. I will assume full responsibility for any medical bills that might result.

Signature of Parent or Guardian:

Date of Parent/Guardian Signature: