

## **North Texas Celebration #13**

### **Participant Application**

Camp Gilmont, Gilmer, Texas

January 14 – 16, 2012

*Application deadline for new Celebration participants is January 3, 2012. All four pages must be filled out entirely!  
Please get your application in as soon as possible as we have a limited number of participant spots available.*

Name \_\_\_\_\_ Name you go by \_\_\_\_\_ M/F \_\_\_\_\_

Your birth date \_\_\_\_\_ Parents' names \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Your home phone \_\_\_\_\_ Your School \_\_\_\_\_ Grade \_\_\_\_\_

Your E-mail address (if you have one) \_\_\_\_\_ T-shirt size \_\_\_\_\_

Hobbies and interests \_\_\_\_\_

Home Church \_\_\_\_\_ Your Pastor \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Celebration is an opportunity to explore your faith and experience the love of Christ. If you're able to attend this Celebration weekend, you agree to:

- ◆ exhibit appropriate Christian behavior and actively participate in activities during the weekend
- ◆ refrain from use of any illegal drugs, prescription drugs not prescribed for you, alcohol, or tobacco products
- ◆ accept and respect the decisions of the adult leaders during weekend

We're excited that you want to come to Celebration and look forward to seeing you there!

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian name (please print) \_\_\_\_\_ Home phone \_\_\_\_\_

Parent/guardian email address: \_\_\_\_\_

#### **Parents/Legal Guardians:**

*Please read the Parental Details and complete the Parental Consent on Page 2 of 4 ..*

**Please return this application and \$110 by January 3, 2012 to: Melvyn Turner, Registrar  
4520 Reunion, Plano, TX 75024**

**Questions? Send e-mail to [celebrationregistrar@gmail.com](mailto:celebrationregistrar@gmail.com) or call Melvyn at 214.912.3616**

# Parental Details

The total cost for Celebration is \$110.00, which covers all meals and lodging at Camp Gilmont. **Please make checks out to North Texas Presbyterian Pilgrimage** (they provide administrative support for North Texas Celebration), with the notation "NTC Participant Registration". No earlier than six weeks before the Celebration weekend, we will confirm your young person's participation. Depending upon where your son/daughter lives, local transportation to the camp may be provided. Your student will not need to bring any additional money. It's important that parents either provide (or make advance arrangements to have another responsible adult provide) transportation for their son/daughter home from Camp Gilmont, after the closing worship service. Further details about the weekend will be provided when we confirm your young person's participation. Please also sign and attach the Consent to Photograph form with your application. If for some reason your child can not come after all, you will need to let us know at least 5 days before the start of the weekend in order to have your payment returned. In the event of inclement weather (within 5 days of the beginning of the weekend) preventing a participant from coming to the weekend, a refund may be due, less any charges assessed to North Texas Celebration community by the Camp. The participant will be liable for the entire amount charged by the Camp.

## Parental Consent

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Parent Home Phone \_\_\_\_\_

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_, to attend and participate in activities sponsored by North Texas Presbyterian Pilgrimage Council.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons, lack of proper behavior or other reason, the undersigned shall transport our (my) child home from the retreat site or assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by North Texas Presbyterian Pilgrimage Council.

\_\_\_\_\_  
Parent/Legal Guardian                      Date                      Parent/Legal Guardian                      Date

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency Phone Numbers \_\_\_\_\_

Please list any allergies or special medical problems your student may have:

\_\_\_\_\_

# CONSENT TO PHOTOGRAPH

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Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Home Phone \_\_\_\_\_

I understand that any photographs and/or video taken of me by a designated staff member may be used for a presentation to be shown during the weekend, a presentation to be shown during the follow-up gathering after the weekend, and/or a video to be distributed to other youth-serving organizations for promotional purposes.

I understand that the leadership team cannot necessarily have control of photographs taken during the weekend by participants, staff, or others not designated as the staff photographer/videographer.

I acknowledge below that I do consent to such images of my likeness being taken and do not request compensation for the use of my son/daughter's likeness.

I understand that pictures taken by or of me during the weekend may possibly be uploaded to internet sites such as Facebook, MySpace, etc., but I will not include images that may spoil some of the important elements of the weekend for future participants.

**Signed By:**

\_\_\_\_\_  
**Custodial Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

**CAMP GILMONT  
PERMISSION TO TREAT FORM**

ACA Standards:

HW-3 A-B, p. 95, HW-7, p. 101, HW-10, p. 104, HW-11, p. 105, HW-14, p.109 and HW-19, p. 113

**This form must be completed by a parent/guardian of any minor without a parent on site and returned to camp nurse, healthcare personnel, or director of your camp or retreat program.**

1. Will your child bring any medications to the camp? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_
2. If so, please list medications. \_\_\_\_\_
3. Are there any other allergies/reactions that the nurse/healthcare personnel should know?  
\_\_\_\_\_
4. Are there any other medical conditions that the nurse/healthcare personnel should know?  
\_\_\_\_\_
5. Are there any special food needs we should know about? \_\_\_\_\_
6. Over-the-counter medications, Benadryl, Tylenol, Pepto-Bismol, etc, can be given according to the Doctors Standing Order on file in the nurses' station and in the camp office? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

Parents of minors will be notified in the following situations:

- When an injury or illness requires treatment by a physician off-site
- When camper is in an emergency situation
- When camper has a fever of over 100 degrees
- When camper is repeatedly going to the camp nurse/healthcare personnel for the same symptoms, and the problem is disrupting the camp experience for the camper

**I hereby give permission to the nurse or the medical personnel selected by the camp director or manager to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any 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 the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. I authorize any physician, nurse or other health care provider, to communicate with the medical staff and director of Camp Gilmont, or his/her designee about my child's medical condition, treatment, and/or prognosis.**

**We further authorize the camp medical staff to discuss any medical conditions with the director, his/her designee, or the child's counselor when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child.**

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

\_\_\_\_\_  
**Camper Name Cabin**

**Nurse/ Healthcare Personnel Notes:**

**Injury/Illness** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Time Parent Notified** \_\_\_\_\_ **Parent's Response** \_\_\_\_\_