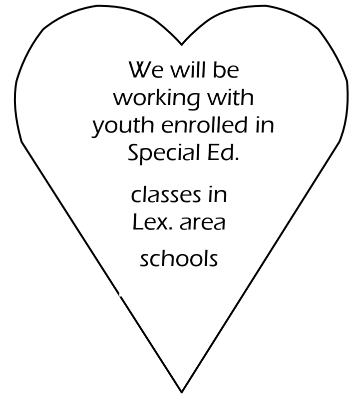
Camp H.U.G.G. Application



July 25-30 – Camp Kinard

Application Deadline – June 29, 2010

NAME ______________________________ GRADE____________
(must have completed 9th-12th at time of camp)

ADDRESS______________________________CITY/STATE ____________________ ZIP____________

e-mail: ______________________

HOME CONGREGATION ______________________________

Due to the nature of this camp, it is necessary to ask potential camp staff to answer the following questions: You will be notified by early July if you have been selected to staff.

1. Why do you want to be a part of Camp H.U.G.G.?

2. How do you feel about being around people who may be handicapped or mentally challenged?

3. Write two questions you have about this camp experience.

A.

B.

4. In your opinion, how would you share your faith with people who are mentally challenged?

Cost: $80 (checks payable to SC Synod)

(you will be refunded if you are not selected)

Complete front and back of this form and send to:
Camp HUGG, PO Box 43, Columbia, SC 29202 by June 29, 2010

References

Please provide the name, address, and telephone number of two adults who may be contacted as character references. These adults will be contacted and asked two questions, "In your opinion, would (your name) be qualified to staff a camp for mentally challenged youth? Why do you feel this way?"

NAME ______________________________ PHONE ____________

ADDRESS ____

CITY/STATE/ZIP ____

E-MAIL ADDRESS: _______________________________________

NAME ______________________________ PHONE ____________

CITY/STATE/ZIP ____

ADDRESS ____

E-MAIL ADDRESS: _______________________________________

Emergency Medical Form

Event: Camp H.U.G.G.
Location: Camp Kinard, Leesville, SC
Dates: July 25-30, 2010

I hereby grant permission for ____________________ to attend the above event. I further grant permission him him/her to receive emergency medical treatment as may be necessary for any injuries or illness that may occur during the event. I understand that every effort will be made to contact parents/guardians before any medical treatment is administered. I hereby release the SC Synod, ELCA, its agents and employees, from liability in connection with accident or injury, except as a result of gross negligence of the responsible party.

During this event, I may be reached at one of the following telephone numbers, in the event of an emergency:

_______________ or _______________

Additional information of which we should be aware: (allergies, diet, medications, etc.)

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Insurance Company: ____________________ Policy# ____________________

Parent/Guardian signature: ______________________________ Date: __________