



Camp H.U.G.G. Application

July 20-25 - Camp Kinard

Application Deadline - June 26, 2008



NAME _____

GRADE _____

(must have completed 9th-12th)

ADDRESS _____ PHONE _____

CITY/STATE _____ ZIP _____

HOME CONGREGATION _____

CITY OF CHURCH _____ CONFERENCE _____

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: \$75 (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 26, 2008

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 20-25, 2008

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.)

Insurance Company: _____ Policy# _____

Parent/Guardian signature: _____ Date: _____