



**The Salvation Army  
Camp Mihaska  
1466 Hwy "N"  
Bourbon, MO 65441-9116**

**2015 Camper Application**

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
Application # \_\_\_\_\_  
Entered by \_\_\_\_\_

**CAMP SESSIONS ATTENDING (Check all that apply.)**

___ June 2-5 Sports Camp (ages 8-12)	___ June 8-11 Discovery Camp See description for eligibility	___ June 15-18 Jr. Soldier Camp See description for eligibility
___ June 15-19 Music Conservatory See description for eligibility	___ <b>June 20-27 Midland Music Institute</b> See description for eligibility	___ June 29- July 2 Kids Camp (Ages 6-9)
___ July 6- 10 Teen Camp (ages 13-17)	___ July 13-17 Family Camp 1 See description for eligibility	___ July 20-24 Tween Camp (Ages 10-12)
___ July 27-31 Family Camp 2 See description for eligibility		

**NOTE: A Salvation Army Corps Officer or Service Unit Representative must review this form for completeness and sign it before the camper will be registered. (See page 4)**

**CAMPER INFORMATION**

Camper Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_  
Gender: \_\_\_  
Address: \_\_\_\_\_ School Grade Entering in Fall: \_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Corps/Church Affiliation (or "None"): \_\_\_\_\_  
T-shirt Size: Please circle Youth: S M L Adult: S M L XL 2X 3X Note: T-shirts may or may not be given out at particular camps.

**PARENT/GUARDIAN/SPOUSE INFORMATION**

Parent/Guardian/Spouse Name: \_\_\_\_\_  
Address (If different from above): \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Parent/Guardian/Spouse Work or Emergency Phone Number: (\_\_\_\_) \_\_\_\_\_  
Additional Parent/Guardian/Spouse Emergency Phone Number: \_\_\_\_\_  
IF PARENT/GUARDIAN/SPOUSE NOT AVAILABLE, CONTACT (Must be someone who is available throughout the encampment):  
Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Daytime phone number: (\_\_\_\_) \_\_\_\_\_ Evening phone number: (\_\_\_\_) \_\_\_\_\_

**PHYSICIAN INFORMATION**

Name of family Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Date of last physical exam: \_\_\_/\_\_\_/\_\_\_ Family Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**\*\*A copy of the camper's HEALTH INSURANCE CARD must be attached\*\* OR circle: "None"**

**IMMUNIZATION HISTORY**

**\*\*A copy of the camper's IMMUNIZATION RECORD must be attached\*\***

**DIETARY MODIFICATIONS/FOOD ALLERGIES**

In the space below each category, list all food allergies and dietary modification needs. In order to make any changes to the USDA guideline approved menu, **A DOCTOR'S SIGNATURE IS REQUIRED BELOW.**

**Food Allergies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Dietary Modification Needs:**

Physician Signature/Stamp

Printed Name of Physician

Date

Corps:

First

Last

Name:

Camper's Name: (Last, First) \_\_\_\_\_

**HEALTH HISTORY – (Check – giving appropriate dates of last incident)**

Bleeding/Clotting Disorder _____	Heart Defect/Disease: _____	ALLERGIES (Check any allergies below that apply)
Convulsions/Epilepsy: _____	Hypertension: _____	Asthma: _____ If yes, does camper carry medication? _____
Heat/Sun-Related Problems: _____	Mononucleosis: _____	Hay Fever: _____ Insect Repellent: _____
Frequent Ear Infection: _____	Diabetes: _____	Poison Ivy: _____ Penicillin: _____
ADD/ADHD: _____ (if yes, is camper currently taking medications?) _____		Insect Stings: _____ Other Medication Allergies: (List)

(Note: If a child takes medication for ADHD during the school year, it is recommended they take it during camp also.)

**\*\*\*NOTE: If you/your child needs an EPI-PEN for allergic reaction, you MUST send one to camp.\*\*\***

Please circle Y/N. If yes, please describe. Include dates, and list any resulting physical limitations, etc.

Operation/Serious Injuries?	No	Yes	_____
Current Infectious Diseases?	No	Yes	_____
Other diseases or details of above:			_____
<b>(Female)</b> Has this person menstruated?	No	Yes	
If yes, is her menstrual history normal?	No	Yes	
If no, has she been told about it?	No	Yes	

**Are there any specific activities to be encouraged or limited, behavioral considerations, or special health-related information for camp personnel or Camp Nurse?**

**MEDICATIONS**

**Medication MUST be in the original container**, with the original label having the name of the person to whom it was prescribed, the prescribing physician's name, prescription date, expiration date, and name of the prescription clearly marked. Medication will be given according to the label directions unless new, written instructions on the doctor's letterhead accompany the container.

**A doctor's signature is required for all campers bringing medications to camp.**

_____ Physician Signature/Stamp	_____ Printed Name of Physician	_____ Date
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**List all medications being brought to camp below.**

Name of Medication	Dosage	Frequency & Time of Day Given

Health Center Medications: **The following are medications that are stocked in the Camp Mihaska Health Center. These medications are dispensed as directed by Standing Orders signed by Camp Mihaska's Nurse and are used only when necessary to manage common illnesses or injuries in the camp setting.**

- |                     |                       |                                |
|---------------------|-----------------------|--------------------------------|
| Acetaminophen       | Cough suppressant     | Dephenhydromine HCL (Benadryl) |
| Antihistamine       | Emetic                | Ibuprofen                      |
| Antacid             | Epinephrine (Epi-pen) | Ioperamide (Imodium)           |
| Antibiotic ointment | Hydrocortisone Cream  | Topical Analgesic              |
| Calamine Lotion     | Decongestant          |                                |

**Please list any of these medications which are NOT to be used on the camper**

\_\_\_\_\_

**ALLERGIES** list all known. Describe reaction and management of the reaction

**Medication allergies** (list)

\_\_\_\_\_  
\_\_\_\_\_

Camper's Name: (Last, First) \_\_\_\_\_

### Authorization for Treatment

I certify that the health history and other medical information given in this application is true to my ability.

I give permission to The Salvation Army Camp Mihaska to secure emergency medical and surgical treatment (including, but not limited to x-rays, routine test, injections, and anesthesia) and hospitalization for this child if there is insufficient time to contact me. Parents will be notified immediately of any injury or illness requiring off-site treatment.

I further authorize routine, non-surgical medical care (including dispensing of non-prescription drugs for illness, the treatment of injury, insect bites, etc.) at the discretion of the camp nurse, unless noted here:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name (Printed): \_\_\_\_\_

### CODE OF CONDUCT

**I agree to conduct myself in a manner that will be a credit to me, Camp Mihaska, The Salvation Army, all involved in the camp program and my Corps/Service Unit, and community by:**

1. Dressing appropriately for recreational purposes and wearing whatever clothing and/or equipment is deemed necessary by the Youth Department, The Salvation Army, or their representatives.
2. Showing respect for the rights, privacy and property of others
3. Showing respect for the property and facilities of the camp and The Salvation Army. Anything damaged will be replaced by me or my family.
4. Complying with the schedule for programs and activities, including reasonable curfew and meal times, and limitation of off-duty activities.
5. Staying out of cabins to which I have not been assigned. I will especially avoid being in the rooms of people of the opposite sex.
6. Not possessing or using any alcohol, tobacco or drugs during camp, unless prescribed by a licensed physician and so noted on the medical form, nor bringing to camp any flammable or explosive materials, poisons, weapons, pets or pornography.
7. Taking responsibility for my personal property.
8. Demonstrating cooperation with and respect for The Salvation Army Leaders (Officers and lay leaders), other participants, representatives of the camp and The Salvation Army, and their invited guests.
9. Agreeing to abide by all local, state and federal laws.
10. Understanding and obeying any rules and regulations issued by camp staff and The Salvation Army or their representatives.
11. Promising to attend and be reverent in all worship services, classes and sessions.

**The rules, regulations, policies, procedures, and The Salvation Army's Camp Mihaska philosophy have been discussed with me. I have full understanding of them and agree to abide by them. I understand if I break these rules, I may be sent home.**

**Camper's Signature:** \_\_\_\_\_

### ADVENTURE PROGRAM

The Salvation Army Camp Mihaska Adventure Program consists of high ropes, low ropes challenge course, swimming pool, exploring, trailblazing, creek walking and boating, **paintball, archery and pellet gun target shooting**. The Adventure Program involves a variety of activities that often include warm-ups, games, trust experiences, low and high elements, water activities and other rigorous physical adventure activities. Participation in the rigorous activities is an individual choice. There are risks, which must be assumed by each participant, and understand that he or she may suffer an emotional or physical injury or disability.

The Salvation Army Camp Mihaska requires that **every participant** have health/accident insurance coverage. Furthermore, certain health/medical information must be made known to the instructor(s) so that they are prepared to help participants make informed choices about their level of participation.

**Release of Liability and Assumption of Risk:** I understand that parts of The Salvation Army Camp Mihaska Adventure Program may be physically and emotionally demanding. *"I affirm that my health is good, and that I am under a physician's care for any undisclosed condition that bears upon my fitness to participate in any activities presented by the Camp Mihaska Adventure Program. I recognize the inherent risk of bodily injury, property damage, damages, losses, and/or death that may arise from my aforementioned participating in the Camp Mihaska Adventure Program activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release The Salvation Army Camp Mihaska and staff members, their agents, owners, officers, volunteers, partisans and the Board of Directors, from all liability for any injury or disability that may occur while participating in The Salvation Army Camp Mihaska Adventure Program activities."*

# PARENT/GUARDIAN AUTHORIZATIONS & POLICY UNDERSTANDINGS

**(Please initial/sign the following Statements)**

Program activities will take place at Camp Mihaska 1466 N. Hwy. "N", Bourbon, MO. 65441. Our Staff are First Aid / CPR certified.

**Adventure Activities:** I have read and agree to the Camp Mihaska Adventure Program. I hereby give permission for the camper listed in the application to participate in the Adventure Programs including:

- Swimming** To the best of my knowledge, the named participant's swimming ability can be classified as:  **Beginner**     **Intermediate**     **Expert**  
 **High Ropes/ Climbing Tower/ Zip Line**  
 **Low Ropes**  
 **Pellet Gun shooting**  
 **Paintball**  
 **Archery**

**Photograph Release: PHOTO/MEDIA CONSENT**

Please indicate whether you **DO or DO NOT** grant The Salvation Army and Christian Camp and Conference Association the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of my child/myself for use in materials they may create for marketing, without compensation. This will be used in accordance to the policies of The Salvation Army.

- I DO CONSENT                                 I DO NOT CONSENT

**Camp Store Policy:** I understand that all money sent to camp with my child must be deposited in the camp store. Unspent money will be returned at the end of the camp. Family Camps use both the cash payment system and the deposit system.

**Camper Release Policy:** It is our intent that children attending camp do so for the entire camping period. There are, however, emergency situations when campers must leave early. In those cases, campers will be released to the representative of the sponsoring agency bringing the child to camp or a legal parent/guardian whose signature appears on the camper's registration form. **Campers WILL NOT be released to any other person** without **written consent** signed by the legal parent/guardian **and prior notification** of the camp office, (573)732-5239. Thank you for your cooperation in this policy. It is intended for your child's safety.

**Damages Policy:** I understand that I may be billed if I or my child is found responsible for any damages to property.

**Head Lice Policy:** I understand that campers **MUST** have **NO EVIDENCE** of Head Lice, Eggs or Nits before coming to camp. Campers who have evidence of Head Lice, Eggs or Nits (dead or alive) will be sent home without exception.

**Religious Services:** I understand that all campers will be required to attend religious services directed by The Salvation Army while at all Salvation Army camps.

**Transportation Responsibility:** I understand that if my child is dismissed from camp for disciplinary actions, illness or injury, it is my responsibility to provide transportation from the camp to my home.

**I give permission for (Camper Name) \_\_\_\_\_ to attend The Salvation Army Camp Mihaska. I certify that all information given in this application is true to my ability.**  
**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name (Printed):** \_\_\_\_\_

**FOR CORPS OFFICER/SALVATION ARMY REPRESENTATIVE USE ONLY**  
*(Check off as items are accomplished)*  
*Camper will not be registered until all items are completed*

	Copy of Health Insurance Card Attached (Pg. 1)
	Copy of Immunization Record Attached (Pg. 1)
	Doctor's Signature for Food Allergies/Dietary Modifications (Pg. 1)
	Parent/Guardian Signature (Medical Authorization) (Pg. 2)
	Doctor's Signature for Medications at Camp (Pg. 2)
	Camper Signature on Code of Conduct (Pg. 3)
	Parent/Guardian Initials & Signature (Pg. 4)
	Food Service Form (Please make sure <b>EVERYTHING</b> is filled out) (Pg. 5)
	Family Camp Application Supplement – For Family Camps Only
	Illinois Campers Only – ACA Camper Registration (one per family)

Corps Officer/Salvation Army Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_