

First Chinese Baptist Church of San Francisco
Live it Loud
Youth Camp 2010

Registration Form: (Please print. Use one per camper – this information is also for the roster.)

Name _____ Birthday _____

Address _____ City/State _____

Zip _____ Cell phone _____ Home phone: _____ Email: _____

Parent email (if you wish to be notified about Youth Camp through email): _____

Where are you in your spiritual journey? (mark x on line below):

-----a-----b-----c-----

just learning/curious grew up in church/attend regularly baptized and ready to grow

Grade in September 2010 _____ School _____ Gender _____

Camp T-shirt (included in cost): Men's S M L XL

I need transportation to/from Camp (Include \$15 for bus/shuttle fee below)

We can help provide transportation to/from Camp if needed

This is my _____ year at camp. Home Church _____

First time registrants: Who referred you to Youth Camp? _____

Beginning cost: \$ 395.00 Per camper

 (- _____) Less \$25 if Active FCBC Youth or Day Camp participant

 (- _____) Less \$15 early bird discount if received by June 13th, 2010

 (- _____) Less \$10 First-time Camper Discount

 (- _____) Less \$10 per First time Camper referred (Please list referrals on back of sheet in box indicated)

 + _____ Bus/shuttle fee of \$15 (if applicable)

Total = \$ _____ Cost of Camp

Deposit \$ _____ Deposit of \$50 to hold space

Scholarship [\$ _____] Please fill out scholarship form (leave line blank – you will be notified of amount granted by July 11, 2010)

Amount Granted

Balance Due = \$ _____ Final Payment due by July 18th, 2010

Make checks payable to “**First Chinese Baptist Church**” and in the **memo** write “**Youth Camp**”. Attach payment with a completed registration form.

NOTE: Parent or guardian must complete and sign the back of this registration form.

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Camper Health Information:

Only prescribed medication, used routinely for a specific condition, or "as needed" medication, may be brought to camp. Please list all allergies and any medication the camper will be bringing for use. **Also list meal preferences (ex. Vegetarian, vegan, etc)**

If there is any medication you would like to have available for use that you do not want in your child's possession, notify Pastor Chris Otani at pastorchriso@yahoo.com before camp. Only aspirin will be administered "as necessary".

If you would rather have your child administered a "non-aspirin" substitute, check here:

Preference: _____

If you do not want your child to receive aspirin or acetaminophen under any condition, check here:

Camper's Medical Insurance Co. _____

Policy number _____

Subscriber's name _____ **Relation to Youth** _____

Youth's Primary Physician _____ **Phone** (_____) _____

Date of Last Tetanus Shot _____

All campers are expected to remain at camp for the entire week. However, we understand that there may be special occasions (school, family event) that may require the camper to leave camp for some time. If the camper has any special schedule needs, please list them (including date and time) below. The director will contact you before camp to confirm. Permission to leave camp will be discussed with the parent on a case by case basis.

List of first time campers referred:

Refunds & Cancellations are 100% refundable if registration is cancelled before **July 4, 2010**; thereafter, all cancellation will be subject to a **\$50** service charge.

Parental/guardian approval is required to attend FCBC Youth Camp, if camper is under the age of 21.

My child, _____, has my consent to attend Youth Camp with the First Chinese Baptist Church of San Francisco, and to participate in all its activities. In the event that I cannot be reached in an emergency, I hereby give permission to a physician selected by the camp director to hospitalize, secure treatment for and/or give injections, anesthesia or surgery for my child. I further release from liability all staff and counselors of Youth Camp and the First Chinese Baptist Church. I have read this brochure, and acknowledge that everything on both sides of this registration, and consent/health form is correct.

Parent/Guardian Signature _____ **Date** _____

Return all completed forms to:
Debbie Chong-Manguiat
Youth Camp Registrar
159 Meadowbrook Dr.
San Francisco, CA 94132

**First Chinese Baptist Church of San Francisco
Youth Camp 2010**

SCHOLARSHIP APPLICATION FORM

We do not want the cost of camp to prevent anyone from attending. If you need financial help to attend camp, we encourage you to apply for this scholarship.

Filing an application form does not guarantee you will get a scholarship. Scholarships are granted according to need and availability. This application is due by July 4, 2010. You will be notified by July 11th, 2010 what your scholarship amount will be.

SCHOLARSHIP APPLICATION FORM 助學金申請表

Total monthly household income \$ _____
每月家庭總收入

Monthly housing cost (rent) \$ _____
住房支出(房租)

Number of family members _____
家庭人數

Name(s) and grades(s) in Fall of Youth Camp applicant(s)
入營者姓名及升讀年級

Name 姓名	Grade
_____	_____
_____	_____
_____	_____

SECTION 2:

Amount of scholarship requested:

Circle one: \$50 \$75 \$100

**Return this Scholarship form to:
Debbie Chong-Manguiat
Youth Camp Registrar
159 Meadowbrook Dr.
San Francisco, CA 94132**