

SERVICE ACADEMY FOR YOUTH

Residential Camp Application 7th – 12th Grade Complete

JUNE 13 – 16, 2017

To be considered, you must fill out the application in full and you must be able to attend the entire week of camp. No Exceptions! All area students may apply to the Service Academy for Youth.

Service Academy for Youth is a component of Great Days of Service. The purpose is to teach young people the importance of service to others as a way of life. Day Camp is designed for students who have **COMPLETED GRADES 7th - 12th**. The camp works with Great Days of Service and provides students an opportunity to serve others in their community. Students will also participate Leadership activities as well as fun activities as well. Students should be prepared to work hard without complaint, but they will be rewarded for their hard work and dedication. **This is not a religious camp this is a service oriented/leadership camp.**

A Limited Number of Campers will be accepted. THERE WILL BE NO FEE FOR THE CAMP (food, t-shirt, & activities included.) However, you must show up for camp or you will be charged a fee of \$195.00. **Campers will be notified by June 2nd of their acceptance.**

PLEASE RETURN APPLICATION AND A COPY OF YOUR INSURANCE CARD NO LATER THAN **June 1, 2017** TO THE FOLLOWING ADDRESS, **INCOMPLETE APPLICATIONS WILL BE VOIDED:**

**Service Academy for Youth
C/O Great Days of Service
P.O. Box 3173
Sherman, TX 75091**

PERSONAL INFORMATION – PLEASE PRINT LEGIBLY

NAME _____ GRADE COMPLETED (May 2017) _____

ADDRESS _____

CITY: _____ STATE _____ ZIP: _____ AGE _____ BIRTHDAY: _____

SEX _____ ETHNIC BACKGROUND: _____ YOUTH'S PHONE _____

PARENT(S) (OR GUARDIAN(S) NAMES: _____

AND ADDRESSES—if different from above: Street: _____

City: _____ State: _____ Zip: _____

Email address: _____

PARENT'S HOME PHONE _____

PARENTS WORK PHONE # MOM _____ DAD _____

SCHOOL YOU LAST ATTENDED _____

PERSONAL REFERENCE: (Can use a teacher or counselor)

****Please note that your references will be checked. ****

Name: _____ (preferred roommate) _____

Phone # _____ email address: _____

Address: _____

(We will try to put you with your roommate request, however, there are no guarantees. There is no guarantee you will be in a group with your roommate. So, make new friends!!! Please write in your own words, why you think you should be chosen to come to the Service Academy for Youth?

Please write in your own words, why you think you should be chosen to come to the Service Academy for Youth? (50 words or less)

PARENTS: Are you available to help before or after Service Academy? Please list when you are available and how you can help....

Please be aware that students will be doing other activities while at camp: for example – Residential campers will participate in Game Night, Talent Show, swimming, etc....

Campers will participate in leadership classes or in workshops designed to teach them ways to help out in their community, how to be a community leader or community awareness.

Parents will be asked to provide either a case of water or snacks at check in! You will be notified what to bring with your acceptance notice. Please list any way you would be willing to help out:

**MUST COMPLETELY FILL OUT FRONT & BACK PAGE
Medical Form/Emergency Contacts for Nurse**

**DO NOT LEAVE ANY LINES BLANK,
IF YOU DO NOT HAVE INFO, PUT N/A!!!!**

Name of Camper _____

Mother's First Name: _____ **Last :** _____

Home phone (____) _____ **Cell #:** _____

Office phone (____) _____ **Hours:** _____

Place of employment _____ **Location** _____

Father First Name: _____ **Last:** _____

Home phone (____) _____ **Cell #:** _____

Office phone (____) _____ **Hours:** _____

Place of employment _____ **Location** _____

Other contact :

Name _____ **Relationship** _____

Phone(____) _____ **Cell #:** _____

MEDICAL INFORMATION

YOUR DOCTOR _____

ADDRESS _____ **PHONE #** _____

ANY SPECIAL MEDICAL OR PHYSICAL CONCERNS?: If not, put none or n/a!

ALLERGIES? (DRUG OR FOOD, ETC.) IF SO, PLEASE TELL US ABOUT THESE: If not, put n/a! _____

If you take medicine on a regular basis, please list here: _____

Medical Insurance Information:

(Please copy both sides of your medical insurance card and attach to the application) If No Insurance, Please mark N/A We need a new copy each year!

Name of Insured: _____ **Social Security #** _____

Insurance Co. Name: _____ **Phone #** _____

Insurance Co. Address: _____

Policy #: _____ **Group #** _____

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MEDICAL RELEASE FORM

_____ (youth name) has my permission to participate in the Activities connected with the Service Academy for Youth. In case of accident, I hereby agree and do hold the organizations associated with Great Days of Service, Austin College and all other Sponsor organizations of the SAY harmless from any and all claims that I or any other Persons who could or can act for me in any capacity. I further indemnify the above Sponsors against all expenses incurred because of any claim that might be filed against them for and in my behalf.

In case emergency treatment for my youth is needed, I give permission to the staff and/or Sponsors of the SAY to obtain medical care, as they deem appropriate.

Signature of parent or guardian

Date

T-shirt size preferred_____ (Youth Small, Med., Large, Adult Small, Med, Large, or XL or XXL) ***This is not a guarantee.***

****Campers will not be admitted without all forms complete along with a copy of Insurance front & Back – no exceptions**** We do not keep copies each year. You will be placed on the waiting list if application is not complete. If you have any questions regarding Service Academy for Youth, please contact: Director - Lauren Towles at 903.815.2690 laurensims02@yahoo.com**