

# Application for Admission to Camp Bandina Waldrum Session

June 21 – June 27, 2020

Charles Williams, Director 512-756-0195 Sandy Wilson, Secretary 361-701-5847 FAX 361-664-8328

[campbandina@hotmail.com](mailto:campbandina@hotmail.com)

Ages 10 (by 9/1/2020) through 18 (graduating class 2020)

**DEADLINE TO REGISTER – JUNE 17, 2020**

		Male/Female
Last name _____	First name _____	(Circle one)
Mailing address _____		
City _____	State _____	Zip _____
Phone (____) _____	Birth date (MM/DD/YY) _____	
Church preference _____	Member? ____ Yes ____ No	

**Cost is \$155.00.** You may send a deposit of \$75.00 now and pay the remaining \$80.00 when you arrive at camp. You may prefer to pay the total cost now. No refunds will be issued after June 14th. I agree to abide by rules and regulations of Bandina Christian Youth Camp. Your signature below authorizes pictures of your child to be taken during camp activities and made available online.

_____	_____
Parent's email address (please print)	Signature of Parent or Guardian

**Your receipt will be emailed to the email address provided.**

**Camp theme t-shirts are available.** If you would like to purchase a t-shirt, please circle your size and include payment now. **All t-shirts must be paid for in advance.** T-shirts will be distributed when you sign in at camp. **Please order by June 5th.** We cannot guarantee shirts for campers who order after this date. We only order enough t-shirts for those who pre-order. You are not required to order a t-shirt.

Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large - \$10.00  
Adult XX-Large Adult XXX-Large - \$12.00

**Roommate policy:** Campers may request a roommate as long as both campers are close in age. Both campers should note the request on the application form. In the event of an age difference, the older camper must move down to the younger camper's cabin. No campers are allowed to move up to an older cabin. Please make roommate request at this time. It is very difficult to change cabins once the assignments have been made. It is our intention to make camp a pleasant and positive experience for all campers; however, we may not be able to grant all roommate requests.

Roommate request: 1<sup>st</sup> Choice \_\_\_\_\_  
2<sup>nd</sup> Choice \_\_\_\_\_

**We look forward to seeing you on June 21, 2020!**

Please enclose Application, Nurse Form, and payment as noted below.  
Nurse form must be submitted to enroll.

\_\_\_\_\_ Deposit of \$75.00 or full fee of \$155.00 (We do not accept credit cards.)  
+ \_\_\_\_\_ T-shirt cost \$10.00 (\$12.00 for XX-Large & XXX-Large)  
\$ \_\_\_\_\_ Total enclosed **Make checks payable to Camp Bandina – Waldrum Session**

**1801 Olmos Ave.  
Alice, TX 78332**

**Camp Bandina - Waldrum Session**  
**NURSE INFORMATION FORM – 2020**

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last name First name

Address \_\_\_\_\_  
Street or Route Number City State Zip Code

Parent or Guardian's Name \_\_\_\_\_

Address of Parent or Guardian \_\_\_\_\_ Phone: \_\_\_\_\_ Home  
\_\_\_\_\_ Cell \_\_\_\_\_ Work

1. Do you have any medication or food allergies? \_\_\_\_\_

If yes, what: \_\_\_\_\_ Type of reaction? (ie: rash/difficulty breathing?) \_\_\_\_\_

2. Past Medical History (Camper Only): Please answer yes or no to each. If yes, explain on back.

- a. Heart problems \_\_\_\_\_
- b. Kidney or bladder problems \_\_\_\_\_
- c. Lung (ie: asthma, etc) \_\_\_\_\_
- d. Neurological or mental \_\_\_\_\_
- e. Diabetes or thyroid \_\_\_\_\_
- f. Stomach/intestine/liver \_\_\_\_\_
- g. Other \_\_\_\_\_

3. Have you had surgery within the last year? \_\_\_\_\_ If yes, describe on back.

4. Do you have special medicine with you? \_\_\_\_\_ If yes, please list all prescription and non-prescription medications you will bring to camp. **Note: All meds, must be in original containers. All prescription medications must have original pharmacy label on container with camper's name in order to be dispensed at camp. List daily and as needed medications your child will/may take at camp.**

Name of med.	Strength(mg)	Time to be taken	Reason for med.
(1.) _____	_____	_____	_____
(2.) _____	_____	_____	_____
(3.) _____	_____	_____	_____
(4.) _____	_____	_____	_____
(5.) _____	_____	_____	_____
(6.) _____	_____	_____	_____

**ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINER WITH THE CAMPER'S NAME ON THE LABEL IN ORDER TO BE DISPENSED AT CAMP.**

5. Have you had a tetanus shot within the last six months? \_\_\_\_\_

6. Have you had or been immunized for: Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Diphtheria \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_

I/We hereby give permission for the director and/or camp nursing staff to take \_\_\_\_\_ to the hospital or to see a health care provider in case of accident or sickness and to receive medical treatment as prescribed by the health care provider. I/we also acknowledge an understanding that camper health information may need to be shared with camp staff to ensure a safe camp experience. Confidentiality of camper health information is an important aspect of providing camp health care, along with keeping camp staff informed of camper needs. I/we understand the youth camp will not be held responsible for this camper and I/we will never bring any legal action against Bandina Christian Youth Camp, Inc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I/we give permission for \_\_\_\_\_ to swim while at camp. In case of an accident I/we give authority and consent for medical and surgical treatment as needed in the judgment of treating health care providers. I/we also agree that Bandina Christian Youth Camp, Inc. and its staff members will not be held responsible in the case of accident. I/we will never bring legal action against Bandina Christian Youth Camp, Inc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return with your camp application. Nurse form must be turned in to enroll.**