

# SEA CITY WORK CAMP YOUTH APPLICATION

**June 11-16, 2017**

**Grace United Methodist Church**

## REGISTRATION INFORMATION

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home \_\_\_\_\_ Camper's Cell \_\_\_\_\_ Church Membership \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade (2016-2017) \_\_\_\_\_ School \_\_\_\_\_

Camper's E-mail address: \_\_\_\_\_

Parent's Email address: \_\_\_\_\_ Cell # Mom \_\_\_\_\_ Dad \_\_\_\_\_

Parent's Work Email address: \_\_\_\_\_

T-shirt Size: (circle one) S M L XL 2XL 3XL Provide a Service Hour Certificate \_\_\_ Yes \_\_\_ No

How many years have you participated in Sea City Work Camp? \_\_\_\_\_

What skills and/or past experiences do you have to offer on a work camp? Check all that apply:

\_\_\_ carpentry \_\_\_ painting \_\_\_ roofing \_\_\_ sheet rocking \_\_\_ tape/float \_\_\_ flooring

I would prefer to work in the following areas during work camp: \_\_\_ painting \_\_\_ roofing

*Note: All work assignments will be at the discretion of the Camp Director.*

## PERMISSION GRANTED TO

RELEASE PHONE NUMBER FOR CAMP ROSTER  
YES NO

RELEASE ADDRESS FOR CAMP ROSTER (INCLUDES E-MAIL ADDRESS)  
YES NO

RELEASE ANY & ALL PHOTOS TAKEN DURING CAMP FOR FUTURE PUBLICITY, GRANT REPORTS, FACEBOOK  
YES NO

**NOTE: IF ANY OF THE ABOVE THREE STATEMENTS ARE NOT MARKED "NO", YES WILL BE ASSUMED!**

## Release of Liability

I understand that the Sea City Work Camp, a housing rehabilitation project, is physically demanding. I recognize the risk of injury by participating in this event. I understand that I must assume the risk of injury and any related financial responsibility that could result from participating in these activities. I release the Corpus Christi District Office of the United Methodist Church, Sea City Work Camp, the participating churches, staff members, directors, and volunteers from all liability for any injury occurring while participating in any activities held during the Sea City Work Camp.

*I have completed this application with full honesty and I am liable to provide any information to the Camp Director in writing if there should be any changes to the camper's application by the time camp begins. I have read and agree to abide by the Sea City Work Camp Covenant as stated on the next page. I have read and understand the Release of Liability. I give my permission for my child to participate in the Sea City Work Camp, a housing rehabilitation project in Corpus Christi, Texas. In the judgment of any representative of the Sea City Work Camp, if the above-named camper should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said camper by any physician, hospital, or Sea City Work Camp representative.*

**Participant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**If Paying Online: Confirmation# \_\_\_\_\_ Amount Paid \_\_\_\_\_**

Received by Registrar \_\_\_\_\_ Confirmation Sent \_\_\_\_\_ Balance Paid On \_\_\_\_\_

# MEDICAL INFORMATION

**FOR CAMPER NAME:** \_\_\_\_\_

1. Is there evidence or history of Heart Problems or High Blood Pressure chronic infection of nose, throat, ears, sinus, and lungs? If so, what?  
\_\_\_\_\_

2. Have you had an appendectomy? \_\_\_\_\_

3. Has there been recent exposure to a contagious disease? If so, what? \_\_\_\_\_

4. Indicate any recent illness and/or surgery \_\_\_\_\_

5. Are you subject to:

\_\_\_\_ high blood pressure \_\_\_\_ fainting \_\_\_\_ convulsions \_\_\_\_ sleep walking

\_\_\_\_ asthma \_\_\_\_ hay fever \_\_\_\_ overheating

6. List inoculations that are still active \_\_\_\_ Tetanus \_\_\_\_ Polio \_\_\_\_ Others

**Date of Last Tetanus** \_\_\_\_\_

7. List all allergies, such as: \_\_\_\_ Penicillin \_\_\_\_ Sulfa \_\_\_\_ Insect stings \_\_\_\_ Drugs

Others (list) \_\_\_\_\_

Food Allergies (list) \_\_\_\_\_

8. Are you on routine medication? \_\_\_\_ No \_\_\_\_ Yes If yes, name drug, dosage, and instructions:  
\_\_\_\_\_

9. List any diet restrictions \_\_\_\_\_

10. Are there any restrictions or special needs be observed during work camp? (If so, explain)  
\_\_\_\_\_

11. Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

12. Person to notify in case of emergency:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

I give my permission for my daughter/son to participate in the Sea City Work Camp, a housing rehabilitation project in Corpus Christi, Texas. In the judgment of any representative of the Sea City Work Camp, if the above-named camper should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said camper by any physician, hospital, or Sea City Work Camp representative.

HELPFUL COMMENTS CONCERNING CAMPER:

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

**Insurance Policy Number** \_\_\_\_\_ **Company** \_\_\_\_\_

**In the name of** \_\_\_\_\_

**Relationship to camper** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

# Sea City Work Camp “YOUTH” Tool & Gear List

Please put your name on EVERYTHING you bring to camp. You may want to use fluorescent tape or paint so you can easily identify your tools. Bring a bucket or toolbox to carry your tools to and from the work site. No need to buy new tools for camp. Accumulate what you can from the list below.

## Tool List:

- \_\_\_ Hammer
- \_\_\_ Nail apron
- \_\_\_ paint brushes – (2) 4” for walls & (2) 2” for trim
- \_\_\_ paint roller frame
- \_\_\_ paint cups or empty coffee cans with lids for paint
- \_\_\_ tape measure
- \_\_\_ safety glasses
- \_\_\_ dust masks
- \_\_\_ paint scraper/putty knife
- \_\_\_ work gloves
- \_\_\_ knee pads
- \_\_\_ caulk gun
- \_\_\_ utility shears
- \_\_\_ pliers
- \_\_\_ flat & Phillips screwdrivers
- \_\_\_ 2 pencils

## ALSO BRING:

- \_\_\_ cap or hat
- \_\_\_ sunglasses
- \_\_\_ sunscreen
- \_\_\_ work clothes for 5 days (old cotton shirts or T-shirts, durable, closed toe shoes, old shorts or pants) Sandals or flip-flops will not be allowed on the work site.
- \_\_\_ at least one throw away outfit for painting
- \_\_\_ throw away outfit for mud bowl
- \_\_\_ cot or air mattress with sleeping gear & pillow – **TWIN SIZE ONLY.**
- \_\_\_ towels & wash cloths for 5 days
- \_\_\_ personalized drinking cup or sports bottle
- \_\_\_ casual clothing for evening – must represent the church!
- \_\_\_ swim suit, cover-up, beach towel – **Swim Suit MUST be Approved by Your Church.**
- \_\_\_ plastic bag or laundry bag for dirty clothes
- \_\_\_ personal hygiene products
- \_\_\_ IPOD, MP3 for night time **ONLY!** Will not be allowed on work sites, at evening activities or @ worship.
- \_\_\_ carrier or bag for shower supplies

## **ALL FAMILIES PLEASE BRING**

**3- 12 PACK-12oz PLASTIC BOTTLES OF GATORADE**

**Any flavor!  
THANKS!!**

No swim suits on work sites. Shirts are to be worn at all times. No baggy clothing that could get hung on equipment, tools, or work area. No mid-driff or low cut blouses or low- rise pants or shorts.

**ALL CLOTHING SHOULD REPRESENT THE CHURCH!**

**MOST OF ALL – A COOPERATIVE, SELFLESS, HARD WORKING ATTITUDE!!!**

## COVENANT OF CONDUCT FOR SEA CITY WORK CAMP

As Christian people and representatives of participating churches, we commit ourselves to uphold certain moral standards of behavior. These include:

1. Anything considered illegal for minors under civil and criminal law in Texas is illegal to bring to Sea City Work Camp. This would include tobacco use, alcohol consumption, and possession of firearms, weapons, or fireworks.
2. Visitation between males and females in dorm rooms is prohibited, except with supervision by the group's responsible adult or Camp Staff.
3. All participants are expected to be in designated places at all times, and to have a cooperative attitude.
4. All participants are expected to respect the host church, the property of other campers, the homes and belongings where work is being done, as well as the designated work camp neighborhood.
5. Any damage to the host church will be the sole responsibility of the person or persons who cause the damage, and the corresponding responsible adult(s).
6. Quiet time begins one half-hour following the close of the last organized activity, and continues until 6:00 a.m. the following morning. All participants in Sea City Work Camp are expected to be in their rooms during quiet time and to be respectful of others so that all may get plenty of rest.
7. No outside visitors allowed on the work site or at the host church except parents of campers.
8. Attire should be representative of the "church" at all times. Please dress respectfully!!!
9. Any camper leaving camp for any reason; **MUST** notify Camp Director & must be picked up by a parent or legal guardian. Campers MAY NOT ride in a vehicle not driven by a SCWC Adult.
10. **WE ASK CAMPERS: DO NOT BRING YOUR CAR TO CAMP.** SCWC &/or Grace UMC are not responsible for a vehicle left in the parking lot.
11. Personal Cell phones will **NOT** be allowed on work sites, during worship or during organized activities. If the cell phone is taken up it will not be returned until close of camp.
12. All Campers & Volunteers are expected to assist in Camp Headquarters Clean Up – Prior to leaving Friday.

Sea City Work Camp may use selected photographs taken during camp for promotional use.

These photographs may include your child in camp related activities.

PLEASE UNDERSTAND THAT YOU ARE ASKED TO MAKE A COMMITMENT TO COME TO SEA CITY WORK CAMP FOR THE ENTIRE WEEK FOR WHICH YOU REGISTER, AND THAT YOU ARE EXPECTED TO ATTEND CAMP ORIENTATION AND ALL ACTIVITIES, BOTH DURING THE DAY AND AT NIGHT.

### Registration Note:

Completed applications with the nonrefundable deposit will be accepted starting January 1, 2017 with a cutoff date of April 29<sup>th</sup> POSTMARKED Applications.

**Each participating church MUST send 1 Adult with every 4 youth registered.**

Eligible youth must be in grades 9-12. If you are an eighth grader now – You are eligible!!!  
(or Spring 2017 graduates, based on Fall 2016 standings.)

### SEA CITY WORK CAMP FEE SCHEDULE FOR 2017

#### **HOW MUCH WILL "YOU" CHOOSE TO PAY FOR 2017 SEA CITY WORK CAMP???**

**Register January 1st – March 31<sup>st</sup> Total cost is \$175.00 for Youth.**

Camp registration, along with a nonrefundable \$75.00 deposit is due with the application.  
**The remaining balance of \$100 is due NO LATER THAN: April 29, 2017.**

**ALL REGISTRATION April 1<sup>st</sup> – April 29<sup>th</sup> Total cost is \$225.00 for Youth**

Camp registration, along with a nonrefundable \$100.00 deposit is due with application.  
**The remaining balance of \$125.00 is due NO LATER THAN: April 29, 2017.**

**The determination if this application will be "accepted" is dependent if space is available.**

**ALL REGISTRATION "ACCEPTED" AFTER April 29<sup>th</sup>, 2017 cost is \$275.00 for Youth**

Camp registration, along with the nonrefundable FULL BALANCE is due with application.  
**THERE WILL BE NO APPLICATIONS ACCEPTED THE DAY OF CAMP.**

**The determination if this application will be "accepted" is dependent if space is available.**

SCWC will be accepting payment through the PAYPAL on the SEA CITY WORK CAMP website

**[www.seacityworkcamp.com](http://www.seacityworkcamp.com), Go to Camp Registration Payment Button!!! You will still need to mail your application to the SCWC mailing address with the confirmation number written on the bottom of the first page of the app. You can still mail your payment along with your application.**

Checks should be made payable to Sea City Work Camp.

**Fill out ALL 2 PAGES of this application form completely and return to:**

**Sea City Work Camp Registrar**

**P. O. Box 10449, Corpus Christi TX 78460**

**Refund Policy:** The deposit is non-refundable. You will receive a full (100%) refund of the remaining fee paid if cancellation notice is given **to the Registrar** by close of business on the Monday prior to the Sunday of the week of camp for which you are registered.

You will receive a 50% refund if cancellation notice is given **to the Registrar** by close of business Wednesday prior to the Sunday your week of camp begins. **After this time, no** refunds will be made.

**To Contact the Registrar - 361-946-9675**