



The NAPS Southern Alabama Campus • Sawyerville, AL

# FAMILY CAMP APPLICATION FORM – Summer 2017

Sunday, June 4 – Saturday, June 10

Please fill out, sign and return this form with a non-refundable \$75 deposit per family to:

NAPS, P.O. Box 11970, Huntsville, AL 35814 • Fax: (855) 301-8116

## FAMILY INFORMATION

FIRST PARENT/GUARDIAN		
First Name	Last Name	Date of Birth
Shirt Size (circle one): X-Small Small Medium Large X-Large XX-Large		<input type="checkbox"/> Male/ <input type="checkbox"/> Female
Phone	Email	
Address	City/State/Zip	
Occupation	Home Church:	
Dietary Restrictions: <input type="checkbox"/> No Meat <input type="checkbox"/> No Fish <input type="checkbox"/> No Dairy <input type="checkbox"/> No Eggs <input type="checkbox"/> No Gluten <input type="checkbox"/> Other _____ We will do what we can to accommodate special dietary needs, but cannot guarantee that we will be able to meet all special dietary needs. Please describe/explain details: _____		
Allergies: <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> The environment (insect stings, hay fever, etc.) <input type="checkbox"/> Other <input type="checkbox"/> No known Allergies Please provide written explanation, including: details of allergy, signs of exposure, treatment plan in the event of a reaction, date of last occurrence, and date and situation of last hospital visit as a result: _____		

## SECOND PARENT/GUARDIAN

First Name	Last Name	Date of Birth
Shirt Size (circle one): X-Small Small Medium Large X-Large XX-Large		<input type="checkbox"/> Male/ <input type="checkbox"/> Female
Phone	Email	
Address	City/State/Zip	
Occupation	Home Church:	
Dietary Restrictions: <input type="checkbox"/> No Meat <input type="checkbox"/> No Fish <input type="checkbox"/> No Dairy <input type="checkbox"/> No Eggs <input type="checkbox"/> No Gluten <input type="checkbox"/> Other _____ We will do what we can to accommodate special dietary needs, but cannot guarantee that we will be able to meet all special dietary needs. Please describe/explain details: _____		
Allergies: <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> The environment (insect stings, hay fever, etc.) <input type="checkbox"/> Other <input type="checkbox"/> No known Allergies Please provide written explanation, including: details of allergy, signs of exposure, treatment plan in the event of a reaction, date of last occurrence, and date and situation of last hospital visit as a result: _____		

**CHILDREN**

For additional children copy/print another page.

**CHILD 1**

First Name		Last Name			Date of Birth
T-Shirt Size:	Youth Size: <input type="checkbox"/> Extra Small (Size 2-4) <input type="checkbox"/> Small (Size 6-8) <input type="checkbox"/> Medium (Size 10-12) <input type="checkbox"/> Large (Size 14-15) Adult Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large <input type="checkbox"/> 2X Large	<input type="checkbox"/> Male/ <input type="checkbox"/> Female			
Dietary Restrictions: <input type="checkbox"/> No Meat <input type="checkbox"/> No Fish <input type="checkbox"/> No Dairy <input type="checkbox"/> No Eggs <input type="checkbox"/> No Gluten <input type="checkbox"/> Other _____ Please describe/explain details: _____					
Allergies: <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> The environment (insect stings, hay fever, etc.) <input type="checkbox"/> Other <input type="checkbox"/> No known Allergies Please provide written explanation, including: details of allergy, signs of exposure, treatment plan in the event of a reaction, date of last occurrence, and date and situation of last hospital visit as a result: _____ _____					

**CHILD 2**

First Name		Last Name			Date of Birth
T-Shirt Size:	Youth Size: <input type="checkbox"/> Extra Small (Size 2-4) <input type="checkbox"/> Small (Size 6-8) <input type="checkbox"/> Medium (Size 10-12) <input type="checkbox"/> Large (Size 14-15) Adult Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large <input type="checkbox"/> 2X Large	<input type="checkbox"/> Male/ <input type="checkbox"/> Female			
Dietary Restrictions: <input type="checkbox"/> No Meat <input type="checkbox"/> No Fish <input type="checkbox"/> No Dairy <input type="checkbox"/> No Eggs <input type="checkbox"/> No Gluten <input type="checkbox"/> Other _____ Please describe/explain details: _____					
Allergies: <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> The environment (insect stings, hay fever, etc.) <input type="checkbox"/> Other <input type="checkbox"/> No known Allergies Please provide written explanation, including: details of allergy, signs of exposure, treatment plan in the event of a reaction, date of last occurrence, and date and situation of last hospital visit as a result: _____ _____					

**CHILD 3**

First Name		Last Name			Date of Birth
T-Shirt Size:	Youth Size: <input type="checkbox"/> Extra Small (Size 2-4) <input type="checkbox"/> Small (Size 6-8) <input type="checkbox"/> Medium (Size 10-12) <input type="checkbox"/> Large (Size 14-15) Adult Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large <input type="checkbox"/> 2X Large	<input type="checkbox"/> Male/ <input type="checkbox"/> Female			
Dietary Restrictions: <input type="checkbox"/> No Meat <input type="checkbox"/> No Fish <input type="checkbox"/> No Dairy <input type="checkbox"/> No Eggs <input type="checkbox"/> No Gluten <input type="checkbox"/> Other _____ Please describe/explain details: _____					
Allergies: <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> The environment (insect stings, hay fever, etc.) <input type="checkbox"/> Other <input type="checkbox"/> No known Allergies Please provide written explanation, including: details of allergy, signs of exposure, treatment plan in the event of a reaction, date of last occurrence, and date and situation of last hospital visit as a result: _____ _____					

**CHILD 4**

First Name		Last Name			Date of Birth
T-Shirt Size:	Youth Size: <input type="checkbox"/> Extra Small (Size 2-4) <input type="checkbox"/> Small (Size 6-8) <input type="checkbox"/> Medium (Size 10-12) <input type="checkbox"/> Large (Size 14-15) Adult Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large <input type="checkbox"/> 2X Large	<input type="checkbox"/> Male/ <input type="checkbox"/> Female			
Dietary Restrictions: <input type="checkbox"/> No Meat <input type="checkbox"/> No Fish <input type="checkbox"/> No Dairy <input type="checkbox"/> No Eggs <input type="checkbox"/> No Gluten <input type="checkbox"/> Other _____ Please describe/explain details: _____					
Allergies: <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> The environment (insect stings, hay fever, etc.) <input type="checkbox"/> Other <input type="checkbox"/> No known Allergies Please provide written explanation, including: details of allergy, signs of exposure, treatment plan in the event of a reaction, date of last occurrence, and date and situation of last hospital visit as a result: _____ _____					

## PRICING

### NUMBER OF GUESTS

These #s will be used to calculate your costs.

BOX A  = # of Adults

BOX B  = # of Youth (Ages 10-13)

BOX C  = # of Children (Ages 2-9)

BOX D  = # of Children Under Age 2

### CALCULATE YOUR COST

Box E

\$75.00

**Deposit** Non-Refundable unless family or individual is not approved to attend the camp meeting. Application will be reviewed upon receipt of completed application and deposit.

Box J

Add Boxes F, G, & I

#### Basic Family Fee

- Meals

**Ages 10 to Adult costs \$65.00 (\$3.50 per meal)**

BOX F  =  $(\text{Box A} + \text{Box B}) \times \$65.00$

**Ages 2 to 9 costs \$45.00 (\$2.50 per meal)**

BOX G  =  $\text{Box C} \times \$45.00$

**Children Under 2 Eat for Free**

- Housing

BOX H  = # of Rooms Requested

BOX I  =  $\text{Box G} \times \$90.00$

Box K

Add Boxes E & J

**Total Amount Due:** Add optional housing and meal charges to the basic family fee.

- Early Bird Special** Pay your full balance by May 15<sup>th</sup> to receive the price below:

Box L

$\text{Box K} - (\text{Box K} \times 0.15)$

# PAYMENT INFORMATION

## Payment Amount

- Only \$75 Deposit (Non-Refundable)
- Full Amount  (Box K or Box L)

**Check/Money Order Enclosed**

Make Check Payable to NAPS

**Pay Online**

Make a Secure Payment Online

**Debit/Credit Card**

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

As parent/legal guardian, I hereby give my consent to have the above-named Participant (s) fully participate in all camp activities, outings, and field trips conducted on and off the NAPS Southern Alabama Campus recognizing that there are risks known and unknown, foreseeable and unforeseeable, involved in participating in these or similar activities. NAPS has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither NAPS, nor its officers, directors, staff, volunteers, or representatives may be held liable in any way for any injury, harm, damage, or death which may occur to the above Participant(s) as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due ot participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant(s) should he/she require such assistance, including the ordering and administering of medications. I agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to the Participant(s). I agree to allow NAPS to transport Participant(s) as needed and to use a photocopy of this form when necessary. NAPS may use participants' photo, films, digital images, video, and sound recordings in future promotional materials.

Signature \_\_\_\_\_

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

Printed Name \_\_\_\_\_