

SERVICE ACADEMY FOR YOUTH
JUNE 23 – 26, 2009

To be considered, you must fill out the application in full and you must be able to attend the entire week of camp. 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 other people as a way of life. It is designed for students who have **COMPLETED GRADES 5-12.** The camp works with Great Days of Service and provides students an opportunity to serve others in their community. The students also participate in fun activities as well. This is not a religious camp this is a service oriented camp. **A Limited Number of Campers will be accepted.** Day Camp is for students that have completed grades 5 - 6. Residential Camp is for students that have completed grades 7th-12th. Residential students will be housed on the Austin College campus, in Sherman. **THERE WILL BE NO FEE FOR THE CAMP** (food, t-shirt, housing & activities included.) However, you must show up for camp or you will be charged a fee of \$150.00. **Campers will be notified the end of May of their acceptance.**

PLEASE RETURN APPLICATION AND A COPY OF YOUR INSURANCE CARD NO LATER THAN **MAY 15, 2009** TO THE FOLLOWING ADDRESS:

Service Academy for Youth
 C/O First United Methodist Church
 401 N. Elm Street
 Sherman, TX 75090

PERSONAL INFORMATION – PLEASE PRINT LEGIBLE

NAME _____ GRADE COMPLETED (May 2009) _____

ADDRESS _____

CITY: _____ STATE _____ zip: _____

AGE _____ BIRTHDAY: _____ SEX _____ YOUTH'S PHONE _____

PARENT(S) (OR GUARDIANS) NAMES: _____

AND ADDRESSES—if different from above: Street: _____

City: _____ State: _____ Zip: _____

E-Mail address: _____

PARENT'S HOME PHONE _____

PARENTS WORK PHONE #'S _____ MOM _____ DAD _____

SCHOOL YOU LAST ATTENDED _____

DO YOU HAVE A CHURCH HOME? If yes, fill out the following

Name of Your Home Church: _____ Church Phone # _____

Pastor's Name _____

PERSONAL REFERENCE: (Can use a Youth Minister, teacher or counselor)

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

Name: _____

Phone # _____ e-mail address: _____

Address: _____

Preferred roommate (grade 7 and above ONLY) _____

(We will try to put you with your roommate request, however, you will NOT be in the same group as your roommate!)

(Over)

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)

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PARENTS: Are you available to help before, during Service Academy in the following areas?

Driving _____ _____ During _____
Snacks _____ Before _____ During _____ Both
Activities _____ Before _____ During _____ Both
Other _____ Before _____ During _____ Both

Please list any way you would be willing to help out:

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Please be aware that the students will be doing other activities while at camp: for example – day campers may attend a dollar movie, skating, bowling, swimming, etc.. Residential campers may attend a dollar movie, swimming, Sherman Night out which will be part of Great Days of Service, etc...

Both campers attend classes or participate in workshops designed to teach them ways to help out in their community or community awareness.

Parents may be asked to provide either a case of water or snack at check in! You will be notified if you need to bring something.

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/z!

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

Name of Insured: _____ Social Security # _____

Insurance Co. Name: _____ Phone # _____

Insurance Co. Address: _____

Policy #: _____ Group # _____

**SERVICE ACADEMY FOR YOUTH 2009
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 churches associated with Great Days of Service as well as 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: _____

****Campers will not be admitted without all forms complete along with a copy of Insurance front & back- No exceptions******
You will be placed on the waiting list if application is not complete.

T- shirt size preferred _____ (Youth Small, Med., Large, Adult Sm, Med, Large, or Extra Large) **This is not a guarantee.**

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| For Office Use Only Copy of Insurance card: _____ Med form. _____ Signed release _____ Application complete _____ Status _____ Covenant Returned _____ References: _____ Room Assignment: _____ Counselor Assignment _____ |
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