



MATE YOUTH CONNECTION SERVICE CAMP APPLICATION

A Youth Ministry of Mission at the Eastward (MATE)

Welcome! Thank you for choosing MATE Youth Connection (MYC) Service Camp as part of your summer plans. Please read all the information before completing this application. If you have any questions, please call the MATE office at (207) 713-6283. **Applications are due no later than June 1, 2023.** After this date, applications may be approved on a space-available basis.

MYC SERVICE CAMP DATES: July 5-7, 2023

CAMPER TUITION: \$50

Participant Name: _____

I hereby give permission for my child to participate in the MYC Service Camp coordinated by Mission at the Eastward (MATE). In the event of an emergency during the duration of the camp, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above. I understand that I am responsible for my child's own medical insurance and will not hold MATE liable for any injury or damage to my child while engaged in the MYC Service Camp.

The person named above agrees to participate fully in the activities and responsibilities of the program. I/We understand that the use of alcohol and/or drugs during any time during the service trip is unacceptable. If my child fails to comply with these policies, I/we understand that they will be sent home immediately at their family's expense.

We the undersigned, as parents/guardians of the above-named camp participant agree that the above-named person will be participating in activities/projects coordinated by MATE at their own risk. I/we release and hold harmless MATE and its partners in mission from all liabilities for damage, injury or illness to the camp participant or their property during their participation in or travel to or from any activity/project or related event.

Parent/Guardian: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Your relationship to participant: _____

Insurance Company: _____

Policy # _____

Does your child have any physical limitations that might affect their participation in the activities/projects of the camp?

List any allergies/medications: _____

Food Allergies: _____

Date of last Tetanus shot: _____

Special needs if any: _____

RX Medicines – (Need signed Doctor's directive for such medicines if you expect camp chaperones/staff to assist with medications)

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Do you have a home church? If yes, please share name and address:

Pastor's Name: _____

ADDITIONAL INFORMATION

Use this space to provide any additional information you feel would be helpful for the Staff to know to make this a successful experience for our camper.

MEDIA RELEASE

During the camp, participants may be involved in photographs, videos, and written statements being collected by MATE Staff/Volunteers. These various sources of media may be used by Mission at the Eastward for use in promotional/fundraising efforts. These efforts include, but are not limited to brochures, flyers, slideshows, email newsletters, and website.

- I give permission for still or video pictures, as well as written statements, of my child or myself to be used for Camp promotional purposes
- I DO NOT give permission for still or video pictures, as well as written statements, of my child or myself to be used for camp promotional purposes.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Camp Payment Form

Participant Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Make checks payable to: MATE with "MYC Service Camp" in the memo line!

Please return your payment of \$50/participant along with any remaining registration forms by June 1, 2023 to Chris DeLisle, Executive Director, Mission at the Eastward, P.O. Box 206, Farmington, ME 04938.

If you have any questions, feel free to call or email Chris at:
cdelisle@missionattheeastward.org Office: (207) 713-6283