



**CHURCH DETAILS:**

Attending Church:

Pastor's Name:

City:

State:  Zip:  Phone:

**COLLEGE/SCHOOL INFORMATION (ICPF SENIORS PLEASE SKIP THIS SECTION)**

Institution Name

City:

State:  Zip:

Year:  Freshman  Sophomore  Junior  Senior  Grade if in School

Major: \_\_\_\_\_

**SPOUSE/CHILDREN INFORMATION (STUDENTS PLEASE SKIP THIS SECTION. SENIORS FILL ONLY IF ATTENDING AS A FAMILY)**

Spouse's Name

Children's Name: 1 \_\_\_\_\_ Age: \_\_\_\_\_

2 \_\_\_\_\_ Age: \_\_\_\_\_

3 \_\_\_\_\_ Age: \_\_\_\_\_

**TRAVEL INFORMATION:**

Are you:  Flying  Bus  Driving\* You want Transportation from Philadelphia  New Jersey  New York

Flight Info: Airline: \_\_\_\_\_ Flight #: \_\_\_\_\_ Arrival Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  am  pm

Do you need to be picked up from the airport?  Yes  No

*\*If you are driving, personal use of cars will not be allowed until camp is dismissed. Transportation will be provided.*

**IMPORTANT MEDICAL INFORMATION:**

**Health Insurance Carrier:** \_\_\_\_\_ **Policy/Group #:** \_\_\_\_\_

**CHRONIC & RECURRING CONDITION: (CHECK ALL THAT APPLY)**

<input type="checkbox"/> Asthma/Respirator Problems	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Musculoskeletal Disorders	<input type="checkbox"/> Frequent Headaches
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Nosebleed	<input type="checkbox"/> Fainting
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Special Dietary Regimen	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Emotional Disturbances	<input type="checkbox"/> Other (Explain) _____	

Current Medication:(i) \_\_\_\_\_ Needed during Camp?  Yes  No

(ii) \_\_\_\_\_ Needed during Camp?  Yes  No

**APPLICATION AUTHORIZATION/DAMAGE DISCLOSURE (Please read carefully & Sign):**

I authorize ICPF to consent to medical treatment to my child when needed. I understand that every effort will be made to contact me regarding medical attention given to my child and it is my responsibility for any bills. I also understand that participants of "AWAKE 2004" camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible. Students must be willing to cooperate with the overall spirit and schedule of the camp. Finally, I understand that each student should obey and adhere the camp's security policies. **Any failure will result in immediate expulsion from the camp.**

\_\_\_\_\_  
Student's Signature                      Parent's Signature                      Date

**OFFICIAL USE ONLY (Do not Write Here):**

Application No:		Date Received:	____/____/____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Amount Received:	\$	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	Balance:	\$
Room Allotted:		Cross Reference #:			
Comments:					