Your Obedient Servants Mission Camp

***Serving Jesus in the Land of Lincoln***

***2020***

Junior High and High School Summer Mission Camps

United Methodist Church of Petersburg, IL

Pastor Rick Pierce 618-363-8369

 **Questions? More info on Web site: www.umcpetersburg.org** under Missions

 **Please call Joe at 217-899-2744** **or 217-502-2365** e-mail: JSMHP5@gcctv.com

\_\_\_MALE \_\_\_FEMALE Pick up is 8:30 am on Friday

\_\_\_Camper \_\_\_Adult Leader

Camp Sessions (check one) \_\_\_July 5-10 (Jr. High Session) OR \_\_\_\_July 12-17 (High School Session)

Participant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_\_

Date of Birth: Month\_\_\_\_\_\_\_\_ Day\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_

Participant Parent or Guardian Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Information: Name of Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\****Please attach a copy of your insurance card to this form***

**Liability Release Form:**

I, the undersigned that there are inherent risks involved in a mission camp, and I hereby release Your Obedient

Servants Ministries, its staff and volunteer workers from any and all liability due to any injury, loss or damage

to person or property that may occur during the course of my child’s involvement.

**Medical Release Form:**

I, the undersigned am the parent or legal guardian of the above named participant, and give my consent for

him/her to attend the mission camp. In the event that he/she is injured while in attendance and requires the

attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed

physician. In case treatment is called for, which a physician refuses to administer without my consent,

I hereby authorize a member of Your Obedient Servants Ministries staff to give such consent for me if I

cannot be reached by telephone at one of my above listed numbers. I also acknowledge that I will be

responsible for the cost of any medical care should the cost of that care not be reimbursed by the health

insurance carrier. I affirm that the health insurance information provided on this form is accurate and will

be in force at the time of the camp.

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complimentary camper t-shirt:** Adult sizes - circle one – S M L XL XXL

$100 total ($50 deposit ASAP) will hold your spot, the other $50 due by July 1st

***Please make checks payable to Your Obedient Servant Ministry or* YOSM**

**Mail application and check to: Susie Pokorny 5 Andreasen Drive Petersburg, IL 62675**