



**St. Andrew's Work Camp
Application
Youngstown, Ohio
June 21-28, 2008**

Please print the information below:

Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Parent's Name(s): _____

Cell (Mom): _____ (Dad): _____

Email Address: _____

Contact in case of emergency:

Name: _____

Phone: _____

Medical Insurance:

Company: _____

Policy Number: _____

Allergies: (Food or Medication)

Any medical conditions:

Current medications and dosage:

Any other medical information? (Additional information can be attached on a separate page.)

I give the St. Andrew's Work Camp Leadership Team permission to seek medical assistance on behalf of my child. I understand that I will be responsible for any medical expenses incurred during the traveling period as well as the week of work camp.

Parent Signature

Date

Application continues on the back!

Briefly explain why you want to attend this year's work camp crew.

Do you have a St. Andrew's T-shirt? _____Yes _____No (If no, what size do you need? _____)

Work Camp Pledge:

As a member of St. Andrew's Work Camp crew, I agree to abide by the following rules:

- 1. I will not carry or use any tobacco, alcohol, or other drugs while on the mission trip.**
- 2. I will not leave our mission group without informing one of the St. Andrew's adult leaders of my destination.**
- 3. I will follow a code of conduct that represents St. Andrew's and the ideals and beliefs it stands for.**
- 4. I will not disrespect anyone else's personal feelings or property.**
- 5. I will not use foul language.**
- 6. I will not participate in anything not permitted by workcamp or St. Andrews's.**
- 7. I will be open to the beliefs and ideas of others.**
- 8. I will participate in all group activities hosted by St. Andrew's or Workcamp.**
- 9. I WILL HAVE FUN!**

Work Camper

Date