South Florida Holiness Youth Camp 2023  
June 26th– 30th

**VBS Application   
Ages 3-8**

**~Tuesday June 27th - Friday June 30th 9:30 am – 12:00 pm~**

***In order to organize appropriately, we MUST receive all applications by Friday, May19th***

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ Home Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any health concerns:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VBS Shirts $5.00 each (Required) sizes: 4T - Youth 10/12 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*All children in VBS must have an adult present on the campground the entire time they are in VBS and who will be responsible for them before and after VBS. A camper cannot be responsible for children in VBS. If the child is staying overnight, they must be in the same sleeping quarters as the responsible adult. Adults with children in this age group are asked to be prepared to assist in various areas of the camp on an as needed basis.*

Name of Responsible Adult (on campground): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned parent or legal guardian of the child named above, do hereby grant my permission and consent for the said child to attend and participate in the events and activities of VBS at the SFHYC.

Permission is granted for my child to receive medical care if; (1) such care is deemed necessary by the persons in charge of the event; (2) the proposed medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain my parental consent would reasonably jeopardize the life, health, or wellbeing of the child affected; (3) I cannot be personally contacted.

**By signing below, I am acknowledging I have read, understand, and agree to the above statements.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Pastor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth Camp Shirts $15.00 each (Optional)**

|  |  |  |
| --- | --- | --- |
| **Sleeve Style (circle)** | **Color (circle)** | **Size (circle)** |
| Short ¾ Long | Red Blue | Youth SM M L |

**All areas of the facilities will be properly sanitized on a regular basis throughout the dates of the camp.**