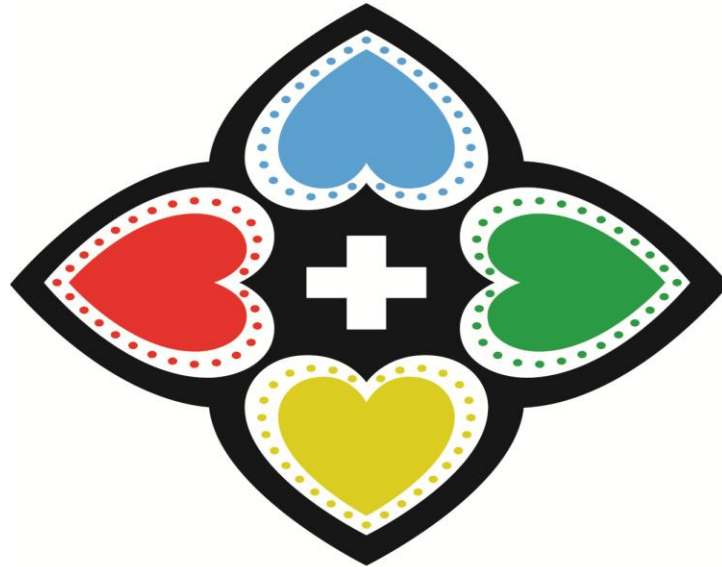


MYLA Camp Participant Application
Stony Lake Lutheran Camp New Era, Michigan



MYLA
Multicultural Youth Leadership Academy

Camper Application

MYLA offers young men and ladies in high school (ages 13-16) a safe space where they will be developed and refined as leaders for a multicultural world. Campers from multiple cultural backgrounds will form community with one another, experience the richness of each cultures' heritage, and develop together as leaders. Participants should already exhibit leadership qualities and will be selected from a field of applicants. Selections will be made to balance ratios between gender and cultures.

Participant Cost: \$450.00

**MYLA Program Dates in New Era, MI
July 29 - August 4, 2019**

www.rescuereleaserestore.org

MYLA Camp Participant Application
Stony Lake Lutheran Camp New Era, Michigan

Please identify gifts, experience, training, and certifications received:

	Check or provide Expiration Date		Check or provide Expiration Date
Responding to Emergencies, First Aid	_____	CPR Certification	_____
Lifeguarding	_____	Water Safety Instruction	_____
Basic Water Safety	_____	High Adventure Activity	_____
Singing	_____	Instruments played	_____
Other (identify) _____	_____		

Are there any additional gifts you feel you have to offer to the camp community?

Explain: _____

Define grace:

When have you received grace?

When have you shown grace to someone else or yourself?

How is your faith in God evident in your daily life?

MYLA Camp Participant Application
Stony Lake Lutheran Camp New Era, Michigan

Describe a time when you had a conflict with someone outside your community:
What was the conflict? Who was involved? What was the outcome? What did you learn?

Describe a time when you put the needs of another or others ahead of your own:
What was the situation? What was the relationship between you and the other person(s)?
How did you handle the situation? What did you learn?

Describe a time when you were the minority in a group:
What was the situation? How did you feel? What did you learn?

MYLA is a leadership camp, please provide three references who can speak to your leadership abilities

Reference 1

Name: _____

Title: _____ Organization: _____

Reference 2

Name: _____

Title: _____ Organization: _____

Reference 3

Name: _____

Title: _____ Organization: _____

I certify that this information is true to the best of my knowledge.

Signature:

Date:

Health History

Camper Name: _____ Camp Dates: _____

Guardian Information

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Emergency Contact Information:

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Health Care Provider Information

Doctor Name: _____ Phone: _____
May the camp contact your child's health care provider? ___yes ___no

Health Insurance Information

Is this camper covered by health insurance? ___yes ___no
Policy Holder's Name: _____ Insurance ID _____
Policy Holder's Birth Date: _____ Relationship to camper _____
Insurance Carrier: _____ Carrier Phone: _____
Policy #: _____ Group #: _____ RxBin #: _____

***Please provide a copy of the insurance card (front and back)**

Health History (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Abnormal Menstrual History | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Anorexia, Bulimia | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Immunodeficiency |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Joint Problems (ankles, knees) |
| <input type="checkbox"/> Bleeding, Clotting | <input type="checkbox"/> Lice |
| <input type="checkbox"/> Chest Pain, Dizzy, Passing Out | <input type="checkbox"/> Operations or Serious Injuries |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Orthodontic Appliance Required at Camp |
| <input type="checkbox"/> Diarrhea, Constipation | <input type="checkbox"/> Other Issue _____ |
| <input type="checkbox"/> Glasses, Contacts, or Protective Eyewear | <input type="checkbox"/> Recurring or Chronic Health Issue |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Seizures, Convulsions |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Skin Problems (itching, rash) |
| <input type="checkbox"/> This camper has none | <input type="checkbox"/> Sleep Walking |

Allergies

Allergen: _____ Treatment: _____
Allergen: _____ Treatment: _____

Health History (cont'd)

Camper Name: _____

Mental, Emotional, and Social Health

Has this camper ever been diagnosed with any of the following Mental, Emotional and/or Social Health disorders?

- | | |
|--|--|
| <input type="checkbox"/> Attention Deficit Disorder (ADD or AD/HD) | <input type="checkbox"/> Obsessive Compulsive Disorder |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Other Mental, Emotional or Social Issue |
| <input type="checkbox"/> Disordered Eating | <input type="checkbox"/> Panic, Anxiety Disorder |
| <input type="checkbox"/> Learning or Processing Challenge (disability) | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> This camper has not had any | |

Nutritional Needs

Does this camper have any dietary restrictions?

Medications

Please Note: All medications brought by participants must be in the original container and prescriptions must have the participants name on the label from the pharmacy.

Will this camper take medications at camp? ___yes ___no

If yes, please provide comments/details: _____

Diseases

Has this child received a tetanus shot? ___yes ___no If yes, when _____

Has your child had any of the following diseases? If yes, please provide approximate date.

Hepatitis C ___yes ___no Date: _____

Measles ___yes ___no Date: _____

Mumps ___yes ___no Date: _____

H1N1 ___yes ___no Date: _____

Are all immunizations required for school up to date? ___yes ___no

Parent/Guardian printed name

Parent/Guardian signature

Camper's Name: _____

PARENT'S PERMISSION FOR MEDICAL TREATMENT

On behalf of my minor child, I, the undersigned, have read and understand this entire form. My child's health history is accurate and complete to the best of my knowledge, and she has permission to engage in all activities, except as specifically noted on this form by me. I understand that in an emergency it may be necessary to seek treatment at a local hospital or clinic, and hereby consent to such treatment, and authorize the release of any and all medical records concerning the care of my child.

Parental/Guardian Signature

Date

MEDIA RELEASE FORM

I give permission for my child to be photographed, videotaped, and/or audio taped for Multicultural Youth Leadership Academy or Living Water Ministries.

Parental/Guardian Signature

Date

BEHAVIORAL AGREEMENT

I understand that if my child does not adhere to the Multicultural Youth Leadership Academy or Living Water Ministries guidelines, she/he will be sent home at my expense.

Parental/Guardian Signature

Date



www.rescuereleaserstore.org

**Multicultural Youth Leadership Camp
What to Bring to Camp**

Keep this information for your records - do not return with registration

Please check the items off as you pack them. Do not bring your best clothes to camp! We are not responsible for clothing or any items left behind when you return home from camp.

Please bring:

- sleeping bag OR 2 warm blankets and sheets
- pillow with pillowcase
- 2 dry towels and 4 washcloths

Toiletry items:

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> shampoo & conditioner | <input type="checkbox"/> comb | <input type="checkbox"/> brush |
| <input type="checkbox"/> toothbrush | <input type="checkbox"/> toothpaste | <input type="checkbox"/> lotion (non-scented/perfumed) |
| <input type="checkbox"/> deodorant | <input type="checkbox"/> soap | <input type="checkbox"/> sunscreen |
| <input type="checkbox"/> insect repellent | <input type="checkbox"/> shower cap | <input type="checkbox"/> sanitary products |

- | | |
|--|---|
| <input type="checkbox"/> 6 to 8 pair of shorts & 3 pair of long pants | <input type="checkbox"/> 6 to 8 t-shirts |
| <input type="checkbox"/> 6 to 8 pair of underwear | <input type="checkbox"/> 6 to 8 pair of socks |
| <input type="checkbox"/> 2 pair of pajamas | <input type="checkbox"/> raincoat or poncho |
| <input type="checkbox"/> 1 bathing suit (no string/thong bikinis) | <input type="checkbox"/> 1 swimming cap & towel |
| <input type="checkbox"/> bandana/cap/sun-visor | <input type="checkbox"/> 1 pair of shower shoes |
| <input type="checkbox"/> 2 pair of closed shoes (no sandals/flip flops) | <input type="checkbox"/> 1 pair of hiking/camping boots |
| <input type="checkbox"/> lightweight jacket/sweatshirt/hoodie | <input type="checkbox"/> flashlight w/extra batteries |
| <input type="checkbox"/> Bible | <input type="checkbox"/> water bottle |
- Prescription medications (will be collected and stored with camp Nurse and distributed as prescribed). All meds will be returned at end of camp.

DO NOT BRING...

**Money, Jewelry, or Expensive clothing
Electronics
(cell phones, DSi, I-Pad, MP3 player, etc.)
Toys (of any kind)
Personal Snacks
Hair dryers, Curling irons
or Make-up**

No drugs, cigarettes, or alcoholic beverages are permitted. Anyone bringing these items will be sent home at the expense of the campers' family!