

# THE BATTLE WITHIN

## APPLICATION

Camper's Age Requirement 15 - 35

APRIL 26-28, 2019



### PERSONAL INFORMATION

Full Name

Address

Phone

E-mail

Age: \_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Sex: M / F

Baptized: Yes / No T-Shirt: XL / L / M / S / XS

Check Box: If Church Approved Chaperone

Church

Pastor's signature | Date

### EMERGENCY CONTACT INFORMATION

Full Name

Address

Same as above  Relation

Phone

### MEDICAL INFORMATION

Do you have any handicap or medical conditions?

Such as: diabetes, high blood pressure, recent surgery, organ transplant, asthma, heart problems, epilepsy, etc.

Any Allergies or reaction to medication?

Circle Choice: YES / NO

If yes, list:

VEGAN:

### ACCOMMODATIONS | Circle One

Cabin \$90 | Hotel \$150

(Before April 1st, 2019)

Walk-in: Rates Subject to Change / No T-Shirt

I authorize (\*my son/daughter) to be treated in case of a medical emergency. I understand that photography and video may occur during the event. I consent (\*for my child) to such recording media and its release for promotional purposes by FJA. I have read the regulations and rules for camp. Campers with any medical conditions are responsible for bringing their medication. FJA is not responsible for any medication forgotten by the camper. I also understand that I am responsible for any consequences due to actions or conduct that may be detrimental to this event. I certify that I am at least 18 years of age or that I am the camper's parent/guardian. By signing below, I acknowledge that I have read, understand, and agree to abide by the provisions set forth by FJA.

Camper's Signature | Date (\*Parent's signature if camper is 17yrs & under)

Applications must be sent to P.O. BOX 11575 Glendale CA, 91226

Church Checks or Money Orders paid to the order of FJA of SCC  
**NO PERSONAL CHECKS. NO CASH. NO REFUNDS.**  
**APPLICATIONS ARE NONTRANSFERABLE.**