



Participant Application

The application must be turned in or postmarked by Nov 29 (early) or Dec 13 (late).

Send via e-mail to camplonestar@gmail.com or via mail to Camp Lone Star, 2921 Hillcrest Dr., Irving TX, 75062

Please be aware that *if your application is not sent by Dec 13 then you cannot attend*; no exceptions.

Early Discounted Fee if turned in or postmarked by **Sun, Nov. 29:**

1st Child: **\$160**
Siblings: **\$140**

Late Fee if turned in or postmarked by **Sun, Dec. 13:**

1st Child: **\$180**
Sibling: **\$160**

Applicant Information

Full Name:					Birthday:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>			
Address:						
	<i>Street Address</i>			<i>Apartment/Unit #</i>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>			
Phone:	()	E-mail Address:		Sex:	M <input type="checkbox"/>	F <input type="checkbox"/>
T-shirt Size:	XS <input type="checkbox"/>	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	XXL <input type="checkbox"/>

Current Education

Junior High School:		Current Grade:	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
High School:		Current Grade:	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	
College:		Current Grade:	F <input type="checkbox"/>	S <input type="checkbox"/>	J <input type="checkbox"/>	Sen <input type="checkbox"/>

Health

Allergies or Medication:						
Medical Insurance:		Policy Number:				

Transportation Agreement

I understand that I am responsible for finding my own transportation to the campsite. If arrangements need to be made I also understand that I am responsible for contacting the Core Staff to reserve a spot for any organized transportation. I concede that *Camp Lone Star staff is not responsible for participants who fail to notify and reserve transportation and NOT responsible for early arriving participants. If you are arriving early, please make your own arrangements.*

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. By signing, I will comply with this agreement. In an emergency, I give permission to the physician and hospital selected by the adult leader in charge to give whatever medical aid is necessary. I agree to assume complete responsibility for any costs, medical or otherwise, incurred while attending this camp, and release the Family Federation (FFWPU-USA) and Camp Leaders from all liability involved in my participation.

Signature:		Date:	
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For Staff Only

Registration Fee:		Balance Due:		History of nonpayment?	
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Code of Conduct Agreement

If accepted to participate in the Camp Lone Star workshop, I will abide by all the following conditions and requirements:

1. I will not indulge in smoking, drinking alcohol, or bring or take of drugs.
2. I will respect property by not defacing it or stealing other's property.
3. I will not engage in promiscuous behavior and I will dress appropriately.
4. I will fully participate in all programs and activities unless poor health or injury renders me unable to do so.
5. I will fully participate with my assigned team and obtain permission in order to leave team activities.
6. I will respect and support all people at Camp Lone Star and will not engage in or support any activity that may endanger the physical, emotional, or spiritual well being of other members of the camp.
7. I will make every effort to conduct myself in a dignified and responsible manner befitting a son or daughter of God.

I understand that if any of these rules are violated, I WILL NOT BE ABLE TO STAY AT THE WORKSHOP AND WILL HAVE TO ARRANGE FOR MY OWN TRANSPORTATION TO LEAVE. I also understand that I will not be refunded for my workshop fee. I have read the Camp Lone Star Code of Conduct agreement with my parents and by my signature below, I pledge to follow this code and encourage others to do the same.

Date Read and Signed:

Parent Signature:

Participant Signature: