

Fusion Street Ministries  
fusion: \fyu-zhen\ n: a merging of diverse elements into an unified whole

**Fusion Camp at Camp Penuel: Camper Application**

Camper's Name (first & last) \_\_\_\_\_ Gender at birth: ☐M ☐F

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail address \_\_\_\_\_

Have you ever been to camp before? \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Phone# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Does the camper have any illnesses we need to be aware of? \_\_\_\_\_ If yes, please explain:

Does the camper take any medications regularly? \_\_\_\_\_ Name of medications and dosage:

Does the camper have any allergies? (i.e. plants, insect stings or bites, foods, medications, etc.) \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Church presently attending, if any. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's name \_\_\_\_\_ Office Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Tuition is \$100 per camper. \$20 non-refundable registration fee is due with application. Balance is due upon arrival at camp. Please make checks payable to Fusion Street Ministries.

**To be read and signed by the camper:**

I agree to follow the rules and guidelines listed on the camp code. I also will obey the camp staff members while at camp and do my best to get along with other campers.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

**To be read and signed by the camper's parent or guardian:**

I have discussed the camp code with my child, and they understand it. I give my permission to let my child attend camp. I give permission to the nurse/med tech at Fusion Camp to administer the medications listed above to my child. I give my permission for camp pictures or video of my child to be used in camp publications and promotional activities. In case of an emergency, I give my permission for my child to receive medical attention as necessary. I understand that in case of such an event, I will be contacted as soon as possible. I understand my child will be at camp with students and workers from other youth groups. I am aware of the existence of the risk on my child's attendance to Fusion Camp and my child's participation to the activities of Fusion Camp that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19. I waive and release Fusion Street Ministries and Camp Penuel from any and all claims, demands, injuries, cost, suits or causes of action, past, present, or future, arising out of or caused by myself or my child while participating in this camp, or should there be an injury traveling to or from camp. I verify the above information is correct.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Camper