

MOSAIC Mission Camp  
**Registration Application**

June 20-25, 2010

Final Deadline: May 20, 2010

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone # \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Please Circle: Youth / Adult    Male / Female

08-09 grade \_\_\_\_\_ Age \_\_\_\_\_

Church Name \_\_\_\_\_

T-shirt size: S    M    L    XL    XXL    XXXL

Previous Experience:

Handicap Ramp \_\_\_\_\_    Porch \_\_\_\_\_    Roofing \_\_\_\_\_

Ceiling \_\_\_\_\_    Flooring \_\_\_\_\_    Tiling \_\_\_\_\_

Sheetrock \_\_\_\_\_    Concrete \_\_\_\_\_    Painting \_\_\_\_\_

Staining Wood \_\_\_\_\_    Yard Work \_\_\_\_\_    Plumbing \_\_\_\_\_

Window Installation \_\_\_\_\_    Hanging Doors \_\_\_\_\_    Steps \_\_\_\_\_

Demolition \_\_\_\_\_    Weedeating \_\_\_\_\_    Mowing \_\_\_\_\_

Other Skills and Experience: \_\_\_\_\_

Youth Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Mail to: MOSAIC  
c/o Long Beach FUMC  
P.O. Box 375  
Long Beach, MS 39560

MOSAIC Mission Camp  
***Covenant of Conduct***

TO INSURE THE SAFETY OF ALL, TO FACILITATE OUR TIME TOGETHER, AND TO ADEQUATELY CARE FOR THE LONG BEACH FACILITY, IT IS NECESSARY FOR ALL OF US TO AGREE TO OBSERVE CERTAIN GENERAL RULES AND GUIDELINES.

THESE POLICIES INCLUDE:

- Everyone will attend and participate in ALL group activities, worship services, meals and other scheduled activities.
- No guys in girls'/girls in guys' sleeping area or restrooms at any time.
- Each camper is expected to observe the curfew, and respect other roommates who wish to sleep.
- Use of tobacco, illegal drugs, and alcohol are strictly prohibited.
- Vehicles will remain parked and unoccupied once returned from their work sites; campers are not to leave the church unless authorized.
- Campers will be responsible for the care and proper use of Long Beach church.
- Campers will not pull any practical jokes on anyone.
- No cell phones at work sites, meals, or worship

AS A REPRESENTATIVE OF CHRIST AND THE CHURCH, WE TAKE SERIOUSLY OF OUR CONCERN FOR THE WELL-BEING OF THE TOTAL MISSION CAMP COMMUNITY.

I have read and agree to abide by this Covenant of Conduct. I understand that a serious infraction of the rules means I will be sent home at my parents' inconvenience and expense. I also realize that, in the event I am sent home, I will be forfeiting the remainder of the money already paid for the mission camp fee.

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Youth Signature

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Parent Signature

MOSAIC Mission Camp  
**Medical Release Form**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Complete Address \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

In case parents cannot be reached in the event of an emergency, contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**WE MUST HAVE YOUR FAMILY'S MEDICAL/HOSPITAL INSURANCE INFORMATION:**

Carrier: \_\_\_\_\_ Policy Group# \_\_\_\_\_

Do you have any allergies such as poison ivy, poison oak, bee stings or are you allergic to any medication? \_\_\_\_\_

Do you have any special dietary requirements due to health? \_\_\_\_\_

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Are you currently receiving any regular medication? If so, please list what kind and for what? \_\_\_\_\_

Are you currently under a physician's care? If so, describe \_\_\_\_\_

Are there any other medical or special needs that might occur while you are at our camp? \_\_\_\_\_

\*You must have current tetanus shot (within the last 5 years)

**PARENTAL AUTHORIZATION:** The person herein described has permission to engage in all prescribed work camp activities except as noted by me or a physician. I hereby give permission to the physician selected by the M.O.S.A.I.C Mission Camp Directors to order x-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the M.O.S.A.I.C Mission Camp Directors to hospitalize, secure proper treatment, for and to order injections and/or surgery for my child as named above.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_