



Youth Leadership Seminar

Church Leader Recommendation



Camper's Name: _____

How does this teen exhibit, or show potential for, spiritual leadership?

Teens: mail to Camp Yamhill • 19651 NW Old Railroad Grade RD • Yamhill, OR • 97148, or fax to 503-662-3349



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Community Leader Recommendation



Camper's Name: _____

Can you see Christian Values in the everyday life of this teen? If so, how?

How does this teen exhibit, or show the potential for, spiritual leadership?

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Dress Code

- **IMPORTANT:** Please bring one or two 'dress-up' outfits. One for Sunday morning and another for a banquet.
- All dress must be clean and modest. No extreme fads. Clothing with advertising words or pictures must be of a wholesome nature. Modest shorts are allowed. Bare midriffs or sleeveless tops are not allowed.
- The camp director has the final decision on all such matters.

What to Bring

- Personal items - Soap, toothbrush, towels, wash cloths, etc.
- A Bible and writing material.
- Sleeping bag or bed-roll and pillow.

Please do not bring

- Radios, CD or tape players, electronic games, knives, pets or fireworks.
- Do not bring personal communication devices - 'walkie-talkies', pagers, cell phones.
- Expensive cameras, jewelry, etc
- You will not need spending money while at Camp.



Youth Leadership Seminar

Name: _____

Age: _____ Grade: _____

Male Female (check one)

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Home Church: _____

Please confirm by email

Email address: _____

Other emergency number:(used only when parent cannot be reached)

Check List

- Letter of Intent
- 2 Church Leader Recommendations
- 1 Community Leader Recommendation
- This Completed Form and Fee (\$95)

Comments: _____

All forms should be post-marked no later than November 5th.

Medical Release Form

Authority is hereby granted to Camp Yamhill to place the afore-named camper in the care of a legally-qualified doctor, dentist, and/or hospital when in the Corporation's opinion it is necessary or best. Camp Yamhill is released from any liability in connection with the afore-named camper, except as covered by camp liability insurance.

I agree that Camp Yamhill will not be held responsible if any of my child's property is lost, stolen, or damaged during camp.

I further consent to my child being photographed for purposes of recording the camp experience and that these photographs may be used on the Camp's web site or for other publicity purposes.

(parent's signature) (date)

A parent's or guardian's signature is required before your admission to camp.

Tetanus immunization date: _____

List any food allergies, special or pre-existing conditions.

List any medication needed and dosage.(All medication must be given to and dispensed by the camp nurse:

List medical coverage and I.D. number:

Doctor's Name: _____ Phone: _____

Camp Yamhill ! 19651 NW Old Railroad Grade Road
Yamhill, OR 97148 ! 503-662-3710