

- PLEASE PRINT
- One Application Form Per Child

## 2026 FOUNDATIONS C.I.T. APPLICATION

### 4 Ways to Register:

1. Register online at [www.campfoundations.com](http://www.campfoundations.com)
2. Mail forms, with payment, to *Camp Foundations, 7877 State Route 104, Oswego, NY 13126*
3. Email forms to [dannyoostdyk@hotmail.com](mailto:dannyoostdyk@hotmail.com)

This application is only for 14 year olds interested in the C.I.T. program.

### Camper Information

Name \_\_\_\_\_  
 Birthday \_\_\_\_\_ Gender \_\_\_\_\_ Fall Grade \_\_\_\_\_  
 T-Shirt Size     Youth     S     M     L     XL  
                        Adult     S     M     L     XL

### Additional Information

Password that will be used to pick up your children from camp: \_\_\_\_\_

How did you hear about us?

- Friend: (name) \_\_\_\_\_  
 Brochure: \_\_\_\_\_  
 Facebook  
 Website  
 Other \_\_\_\_\_

Family Status:

- Married     Divorced     Separated     Single

Camper Custody:

- Joint     Other: \_\_\_\_\_

### Which week\*

Please check which weeks you will be joining us:

- W1: June 29 – July 2 (No July 3<sup>rd</sup>)     W2: July 6 – 10     W3: July 13 – 17     W4: July 20 – 24  
 W5: July 22 – July 31     W6: August 3 – 7     W7: August 10 - 14     W8: August 17 - 21

*Note: Not all people who fill this out will necessarily be accepted, as we can only take so many each week. Due to the nature of this program, C.I.T.s will be given more privileges and responsibilities than other campers. For this reason, we hold them to a higher standard, and any C.I.T. who is not ready for this responsibility may be asked not to return as a C.I.T. for future weeks.*

### General Release:

By signing below you agree that all the information provided on this form is correct and that you have read through all of the camper registration directions & fee schedules. You further understand that any photos and videos taken by the staff involving your child can be used by Camp Foundations for camp promotions without acquiring or paying for rights.

Name of Parent/Guardian (PRINT): \_\_\_\_\_ Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

(The C.I.T. should fill out the reverse side)

# 2026 FOUNDATIONS C.I.T. APPLICATION

This side should be filled out by the 14 year old himself/herself

Name: \_\_\_\_\_

☛ What special abilities, talents, hobbies do you have and would be willing to use/do at camp?

Landscaping

Skits

Acting/Drama

Photography

Arts/Crafts

Musical Instrument

Video Making

Playing with kids

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Sports (list): \_\_\_\_\_

☛ What school do you go to?

☛ What extra-curricular activities do you participate in during the year?

☛ Where is your church home, and what is your involvement there?

☛ Do you have some one that is like a mentor for you?

☛ Why do you want to be a C.I.T. at Camp Foundations? What do you believe you will bring to Foundations and its campers/staff?

## Please put your initials in each blank if you are in agreement with the statement:

☛ Rumors, backbiting, and unresolved interpersonal issues soon tear apart the people of God. Matthew 18:15-17 is clear about how to handle disagreements, misunderstandings, and troubled feelings. Do you agree to talk only with the person/persons who have offended you about the offense, and not talk to anyone else about the offense until you have worked through the problem in the proper Biblical steps? \_\_\_\_\_

☛ Do you agree to welcome a person that you have offended who comes directly to you to resolve the issue, and if the issue is not resolved, proceed through a Biblical process? \_\_\_\_\_

☛ As 14 year olds, the younger kids will inevitably look up to you at camp. Will you seek to be an example of Biblical Christian living throughout your time here at Foundations? \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

• PLEASE PRINT  
• One Health Form Per Camper

# Camp Foundations CAMPER HEALTH FORM

Camper Name: \_\_\_\_\_

Emergency Contacts (Parent/Guardians): (1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

If parent/guardian is not available in an emergency, child may be released to: Name \_\_\_\_\_ Phone \_\_\_\_\_

### Camper's Medical Providers:

Insurance Carrier \_\_\_\_\_ Account Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Town \_\_\_\_\_ Date of Last Physical Exam \_\_\_\_\_

1. Please provide us with the following information: Any current health problems, on any medications, or any other information regarding family or health that would help us.

2. Activity Restriction - Should camper be excluded from any camp activities? Please explain.

3. Does the camper have any special needs, an IEP, or any accommodations in school?

4. Does the camper have any allergies?  No  Yes (indicate below)

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Immunization Records: The State of NY requires that we have on record the **month/day/year** of each immunization. **You must have a record of your child's immunizations sent to Foundations before your child attends camp (photo copy of doctor's record accepted).**

Circle if the camper has had any of the following: Measles German Measles Hepatitis A Hepatitis B Hepatitis C Chicken Pox Mumps

### Prescriptions

By NY State law, Foundations Christian Camp must have parental/guardian authorization to administer any prescription or non-prescription medications.

I  do  do not give permission for the camp nurse to administer Tylenol (acetaminophen) if necessary.

I  do  do not give permission for the camp nurse to administer Advil (ibuprofen) if necessary.

*Nursing staff may not administer ANY other medications without a doctor's order including over-the-counter items such as eardrops, cortisone cream. etc.*

Medication name: \_\_\_\_\_

Condition for which the medication is being used: \_\_\_\_\_

Cautionary Information: \_\_\_\_\_ Side effects or precautions we should know about: \_\_\_\_\_

Instruction for administration (including dosage & frequency): \_\_\_\_\_

Prescribing Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does medication have to be returned nightly for use at home?  YES  NO or on  FRIDAY

### Emergency and General Release (Important - This area must be completed):

After attempts to reach me (parent/guardian) have not been successful, I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment (dental and/or medical), including medical transportation, hospitalization, for the person named above. As parent/legal guardian I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay (personally or through my health insurance carrier) for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law. This completed form may be photocopied for trips out of camp.

*Foundations Christian Camp is licensed by the New York State Department of Health, and is inspected annually. Inspection reports are filed in the camp office.*

Please note the following:

1. All medication shall be labeled and stored in the original prescription container and in accordance with manufacturers' instructions.
2. Fill in the following medication release form in full and provide form and medications to group counselor. All medications will be administered from the camp office by qualified staff.
3. If medications must be returned nightly please indicate this below so that they can be given to your child at the end of the day.
4. Medications will be returned at the end of your child's stay.

Name of Parent/Legal Guardian (PRINT): \_\_\_\_\_ Signature: X \_\_\_\_\_ Date: \_\_\_\_\_