



2021 CHILD OF CREW MEMBER APPLICATION

PLEASE FILL OUT A PAGE FOR EACH CHILD AGE 6-15 (COPY AS NEEDED)
Cost is \$435 and for Children ages 3-8 years old is \$210.00 each.

Location of BREAKAWAY: Lake Yale Baptist Conference Center June 29- July 3, 2021		Child's Name (Last, First, Middle):		Preferred Name:	
Street Address:			City, State & Zip:		Last Grade of School Completed:
Parent of Child:		Is the Crew Member the Parent or Legal Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not who is:		Address of Parent/Guardian if not Crew Member:
Email Address:					
Date of Child's Birth:					
Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Age:			
To assist us in ordering indicate your child's T-shirt Size: <input type="checkbox"/> C-M <input type="checkbox"/> C-L <input type="checkbox"/> C-XL <input type="checkbox"/> A-S <input type="checkbox"/> A-M <input type="checkbox"/> A-L <input type="checkbox"/> A-XL					

MEDICAL HISTORY

Height:		Weight:		Please check if you have any of the following conditions: <input type="checkbox"/> Heart Condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Autism / Asperger's <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Physical Limitation <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Headaches <input type="checkbox"/> Back injury <input type="checkbox"/> Use Wheelchair or adaptive Equipment (please list)	
List any allergies:		Please describe how any of these conditions or those not listed could limit you from activities such as pushing a wheelchair, swimming, running, carrying heavy objects or might require extra time or assistance. What is the best way to utilize your gifts this week?			
List any food allergies or restrictions:					
List any medications you are currently taking:					
Insurance Policy Carrier:			Insurance Policy Number:		
Doctor's Name:			Doctor's Phone:		
ADDITIONAL INFORMATION:					
What are your areas of interest?					
Can you follow instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes			Do you have any behavioral issues? If yes, what?		