



B.U.D.D.I.E.S.

Building Up Dedicated Disciples Into Experienced Servants

Application Form

Name _____ Date of Application _____

Preferred First Name (as you would want it to appear on a BUDDIES picture board) _____

T-shirt size (circle one) sm med lg xl xxl Gender (circle one) Male Female

Home Address _____

City _____ State _____ Zip _____ Phone (____) _____

Email Address _____ Grade Entering in Fall _____

I have attended Luther Point before as a camper __ Yes __ No

Home Congregation _____ City _____

Father of B.U.D.D.I.E.S. Applicant _____ Email _____

Home Address _____
(if different than above)

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Mother of B.U.D.D.I.E.S. Applicant _____ Email _____

Home Address _____
(if different than above)

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

We will offer four 2-week B.U.D.D.I.E.S. sessions. Please indicate your 1st and 2nd choice:
____ June 8-13 & June 15-20 ____ June 22-27 & July 6-11 ____ July 13-18 & July 20-25 ____ July 27-Aug 1 & Aug 3-8

Please return this completed application and the answers to the following questions:

- 1) Briefly describe your faith journey, including any significant people or experiences that have impacted you.
- 2) Why do you want to be part of the B.U.D.D.I.E.S. Program?
- 3) What are three skills you would hope to gain while serving in the B.U.D.D.I.E.S. Program?

A maximum of six B.U.D.D.I.E.S. will be selected for each session. Applications must be postmarked no later than April 30. All applicants will be notified of their status by the 2nd week of May.

I UNDERSTAND AND CERTIFY THAT MY CHILD'S PARTICIPATION IN LUTHER POINT BIBLE CAMP (LPBC) AND ITS ACTIVITIES IS COMPLETELY VOLUNTARY AND I HAVE FAMILIARIZED MYSELF WITH LPBC'S PROGRAM AND ACTIVITIES. I RECOGNIZE THAT CERTAIN HAZARDS AND DANGERS ARE INHERENT IN LPBC EVENTS AND PROGRAMS AND I ACKNOWLEDGE THAT ALTHOUGH LPBC HAS TAKEN SAFETY MEASURES TO MINIMIZE THE RISK OF INJURY, LPBC CANNOT INSURE NOR GUARANTEE THAT THE PARTICIPANTS, EQUIPMENT, PREMISES AND/OR ACTIVITIES WILL BE FREE OF HAZARDS, ACCIDENTS, AND/OR INJURIES. I FURTHER RECOGNIZE AND HAVE INSTRUCTED MY CHILD IN THE IMPORTANCE OF KNOWING AND ABIDING BY LPBC'S RULES, REGULATIONS AND PROCEDURES FOR THE SAFETY OF PARTICIPANTS. I WAIVE ANY CLAIM AGAINST LPBC AND/OR ITS PERSONNEL FOR ANY LOST ARTICLES; FOR ANY INJURY TO MY MINOR CHILD; AND/OR ANY INJURY TO MYSELF. LPBC ASSUMES SECONDARY INSURANCE COVERAGE. I ASSUME PRIMARY COVERAGE. I HEREBY GIVE PERMISSION FOR MY CHILD TO BE GIVEN EMERGENCY MEDICAL CARE; TO BE TRANSPORTED FOR OFF-SITE OUTINGS; AND FOR PHOTOGRAPHS/VIDEO INCLUDING MY CHILD AND/OR MYSELF TO BE USED IN THE PROMOTION OF LPBC AND/OR THE ELCA.

Parent/Guardian Signature: _____ Date: _____

For office use only
PmDt: / DtRcvd: / EmSnt: /