

HV BRIDGE BUILDERS WINTER CAMP DAY 2026

Student Application and Information Package

The HV Bridge Builders winter camp day is open to student campers, young adults (18-23 years of age) and adult leaders. The Bridge Builder winter camp day fee is **\$25. The completed application and \$25 fee are due by February 1, 2026.** The \$25 fee include lunch, project materials, programming, and camp T-shirt.

Please submit your application to your church Youth Pastor/Director and contact him/her with questions. **Checks must be made out to HV Bridge Builders, Inc.** Youth groups should mail checks and applications to HV Bridge Builders, Inc., PO Box 3022, Poughkeepsie, NY 12603. Please note name of youth group in the memo field of check(s).

If you have no affiliation with a church or have general questions, please email HV Bridge Builders at camp@hvbridgebuilders.org.

Participation Requirements

- The winter camp day is **Saturday February 21st, from 8am to 4pm.** The camp facility is Living Water Church, 260 Mill St, Poughkeepsie, NY 12601.
- Please eat breakfast **BEFORE** coming to camp.
- Youth participation – the minimum age requirement is that youth must be in 6th grade or higher during the 2025-2026 school year.
- After **February 1, 2026**, camper additions/changes will be subjected to a case-by-case consideration since there is no guarantee of availability once the camp is full.

PERMISSION WAIVER

Parent/Guardian Permission/Liability Waiver: (required if under 18 years old)

I, as the parent or guardian of _____ do hereby give my permission for him/her to participate in the:

HV Bridge Builders Winter Camp Day at Living Water Church February 21, 2026.

By signing below I release HV Bridge Builders, its paid and volunteer staff, drivers, The Mount Academy and sponsors from any liability for injury or damage suffered by the above names minor child and agree to release and hold harmless the same.

Name: _____

Signature: _____ Dated: _____

Student - Application for HV Bridge Builders Winter Camp Day 2026

Personal Information

Name: _____

Address: _____

Parent Cell: _____ Student Cell (Optional): _____

Student Email: _____ Parent Email: _____

Parents/Guardians Names:

Gender (circle one): Female Male Grade: _____ Age: _____ Birthday: _____

Church Affiliation: _____

T-Shirt Size: (choose one) Adult S____ M____ L____ XL____ 2XL____

I give permission for my child _____ to attend HV Bridge Builders Winter Camp Day on February 21, 2026 at Living Water Church.

Parent/Guardian Signature

Date

HV BRIDGE BUILDERS PHOTO/RECORDING RELEASE WAIVER:

HV Bridge Builders is delighted that you will be participating in our Bridge Builders Winter Camp Day February 21, 2026. We may be recording this mission trip in a variety of ways including (but not limited to) photos, videos and other recordings, (collectively, the "Recordings"). Your name, voice, image, picture, verbal statements and/or documentary or other materials ("Content") may be included in one or more of those recordings by virtue of your participation in HV Bridge Builders.

By parent/guardian signature below you irrevocably consent to the creation of the recordings and the unrestricted use by HV Bridge Builders of content in any and all recordings in connection with promoting, marketing or celebrating the HV Bridge Builders Winter Camp Day.

I acknowledge that HV Bridge Builders is not obligated to use the recordings, and I hereby waive any right to review, inspect or approve the recordings, or electronic imagery that may be used.

Additionally, I hereby release HV Bridge Builders and those acting under its authority from any and all claims or liabilities relating in any way to use of the recordings.

Name: _____

Signature: _____ Dated: _____

PERMISSION TO SEEK MEDICAL ASSISTANCE

TO: HV Bridge Builders Winter Camp Day participants
RE: Permission for HV Bridge Builders representatives to seek medical attention in case of accident or injury during HV Bridge Builders Winter Mission Camp February 21, 2026.

I certify that I am the legal parent/guardian of:

(print STUDENT full name) _____

I understand that in the event of injury or accident, medical attention for my child may be required or considered prudent. I give my permission for the HV Bridge Builders adult representatives to seek that medical assistance when they deem it necessary. Please note any medical considerations, allergies and/or concerns we should be aware of:

Please note any food allergies or dietary restrictions: _____

The Physician is: _____

Physician's phone: _____

The Insurance Company is: _____

Insurance Policy Number is: _____

Date of Last Tetanus shot: _____

(date)

(Signature and title: parent/legal guardian, student if 18 or older)

(print full name)

Phone numbers where I can be reached: _____

Cell phone: _____

E-mail address: _____

Other contacts if I cannot be reached:

NAME	RELATIONSHIP	PHONE #
_____	_____	_____
_____	_____	_____