

CAMPER APPLICATION

2018 KIDS CAMP

STEP 1: CAMPER INFORMATION (please print clearly)

Camper Name _____ Age _____ Birth Date ____/____/____ Gender at Birth M F
Mailing Address _____
Parent's Name with whom child lives _____ E-mail _____
Address (if different from above) _____
Day Phone # _____ Cell Phone # _____ Evening Phone #: _____
Emergency Contact Person _____
Relation to camper _____ Phone # _____

STEP 2: CHURCH INFORMATION

Church Name _____ City _____ Leader _____

STEP 3: WEEK OF CAMP

Camp 1: June 4-8 Camp 2: July 9-13 Camp 3: July 16-20 Camp 3: July 23-27
Speaker: Russell Smith Speaker: Mark Sasser Speaker: Beth White Speaker: Tim Jones

STEP 4: PAYMENT

Shirt Sizes Available: YM, YL, AS, AM, AL, AXL, AXXL, 3XL, 4XL

REGISTRATION

(POSTMARKED 2 WEEKS PRIOR TO WEEK OF CAMP)

COST \$195
TSHIRT (optional) \$10 SIZE _____
TOTAL FOR CAMP _____
AMOUNT ENCLOSED _____
(MUST INCLUDE AT LEAST A \$75 DEPOSIT)
BALANCE DUE ON ARRIVAL

LATE REGISTRATION

(POSTMARKED 2 WEEKS PRIOR TO WEEK OF CAMP)

COST \$215
TSHIRT (optional) \$10 SIZE _____
TOTAL FOR CAMP _____
AMOUNT ENCLOSED _____
(MUST INCLUDE AT LEAST A \$75 DEPOSIT)
BALANCE DUE ON ARRIVAL

STEP 5: HEALTH CERTIFICATE (required)

Do you have Health Insurance? Yes No If so, Name of Company, Policy #, and Phone Number: _____

Is there any information we should have regarding this camper? (i.e. handicaps, restrictions, etc.) _____

What communicable disease has this camper had? (Check all that apply)

Measles Polio Mumps Chicken Pox Scarlet Fever Whooping Cough

When did this camper last receive a Tetanus Shot (give year): _____

Does the camper have any of the following conditions? (Check all that apply)

Heart Trouble Ear Trouble Kidney/Urinary Trouble Asthma Hernia Skin Trouble HIV/AIDS Lung Trouble Diabetes Seizures

Allergies (Name allergies or medications camper is allergic to. **Camper must bring own EpiPen if needed.**) _____

Name medication presently taking _____

Please circle what this camper may receive:

Tylenol Benadryl Advil Ibuprofen Claritin Aspirin Mylanta Pepto-Bismol Nasal Decongestant Cough Syrup Tums Pepcid

STEP 6: SIGNATURES (required)

I (parent/guardian) do hereby state that I have legal custody of the child, a minor who resides with me. While this minor is a registered camper at any Georgia Assemblies of God event, I hereby authorize any director, nurse, or any other responsible personnel of said camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care to be rendered to this minor under the general or special supervision and on the advise of any physician or surgeon licensed in the State of Georgia, when such a medical or surgical treatment is necessary. Initial _____

I consent to the taking of photographs and/or video of the minor and release Georgia Children's Ministries to use said photos/videos for non-profit purposes including use in print, on the internet, and all other forms of media. Initial YES _____ NO _____

I/we do hereby give permission for the camper referenced in the application to participate in all camp activities, including but not limited to: field activities, swimming, water slides, zip line, and lake activities.

Parent's Signature (Required) _____ Date ____/____/____