

CAMPER APPLICATION



CROSS CULTURE

youth camp twenty eighteen

Teen: June 19-23 (workers on the 18th) / Ages 14-17

Guest Speaker: Tommy Hart

Primary: July 9-12 (workers on the 8th) / Ages 6-10

Guest Speaker: Holly Robinson

Special Guest Appearance: B-SHOC

Junior: July 16-20 (workers on the 15th) / Ages 11-13

Guest Speaker: THE LADS

Special Guest Appearance: B-SHOC

Camps Location: Whittier, Gateway Camp Ground
88 Vinewood Circle . Whittier, NC 28789

Complete and mail to :
Church of God Youth Camp /
8600 William Ficklen Drive / Charlotte, NC 28269
(Must be postmarked by deadline date)

A \$10 discount to apply for the 2nd sibling.

Early Bird Fee on or Before MAY 3rd FOR ALL CAMPS:

\$135 / Sr. & Jr. Per Camper w/t-shirt
\$125 / Primary Per Camper w/t-shirt

Regular Fee After May 3rd FOR ALL CAMPS:

\$160 / Sr. & Jr. Camps w/out t-shirt
\$150 / Primary Camp w/out t-shirt

Walk-On Fee after June 14th :

\$180 Sr. & Jr. (day of camp)
\$170 Primary Camp (day of camp)

Note: A \$25 NON-REFUNDABLE deposit **MUST** accompany this form. The full balance must be paid no later than the first day of camp.

No, Camp isn't free, but it is the best bargain anywhere, and a worthy investment that will pay high dividends for years to come. The camp fee contributes to food services, recreational equipment, supplies, camper's insurance, and program expenses.

No refund will be available for any student dismissed for disciplinary reasons.

When possible, campers will want to bring spending money. Snacks and drinks will be available at the concession stand. We recommend, if possible, \$5 per day for snacks or incidentals at the camp store. *For those that do not register early the official Camp T-Shirt is something most every camper will want to take home. They will be available for just*

All campers and workers will receive a brief medical screening when they arrive at camp. Anyone can contact head lice and unknowingly bring them to camp. Be sure to have yourself checked before coming. We cannot permit anyone to remain at camp with head lice or nits.

All medications will be administered properly by the camp nurse. Prescriptions should be clearly labeled (send only the amount needed while at camp). Any special needs should be noted.

Youth Camp maintains a high standard for conduct. Tobacco, alcohol, drugs (other than prescription drugs), weapons, or fireworks of any kind are strictly prohibited. We also ask that **no cell phones/CDs/CD players, iPods, MP3 players or radios** be brought to camp. Christian guidelines will not permit profanity, smoking, drinking, or any behavior which is deemed inappropriate at camp. Play clothes and jeans are recommended for recreation. Nice casual clothes (jeans, dress pants, skirts, dress) are recommended for the

\$12. A special canteen credit card (kind of like a camp credit card) can be purchased the day of registration and can be used instead of cash for any amount a parent wishes. (This is easier for the camper to handle and keep track of.)

Arrive at the camp the first day at **1:00 p.m.** to check in.

Workers will be in orientation until 12:30 p.m.

Please understand, no camper can be received earlier! Campers should be picked up on the last day of camp following the Worship Service. Parents are welcome to attend the morning service at 10:00 a.m.

Parents Note: The worship service is scheduled to last until mid morning.

older campers in worship services. Since this is a Christian camp, we want to look like it! Don't even think about short shorts, short shirts, or anything else that shows too much of you. **Failure to follow dress code may result in dismissal from camp.**

Parents, "thank you" for not sending inappropriate clothing.

NOTE: A \$25 non-refundable deposit MUST accompany this form. The full balance must be paid no later than the first full day of camp

PERSONAL INFORMATION PLEASE PRINT (must be completed to be accepted**)**

**Name _____ **Address _____

City _____ State _____ Zip _____ **Home Phone #(____) _____

**Parent/Guardian's Name _____ Work Phone # _____

Please circle one *Sex - M or F *Race _____ Date of Birth _____ **Age _____ **Email _____

**Local Church you attend: _____ Pastors Name: _____

WHO DO YOU WISH TO ROOM WITH?

List up to two individuals

(1) _____

(2) _____

T-Shirt Size: ONLY free with early bird registration postmarked by May 3rd:

(circle one)

| | | | | | | | |
|-----|-----|-----|---|---|---|----|-----|
| Y-S | Y-M | Y-L | S | M | L | XL | XXL |
|-----|-----|-----|---|---|---|----|-----|

**WHICH CAMP
RU ATTENDING**

Please register me in the camp I have checked below:
(*Note: Campers should attend camp for their age group.)

PLEASE CHECK ONE

- TEEN . June 19-23 (ages 14-17)**
 PRIMARY: July 9-12 (ages 6-10)
 JUNIOR: July 16-20 (ages 11-13)

PARENT'S CONSENT SIGNATURE/PASTOR'S ENDORSEMENT

It is absolutely essential that this application be signed by both the Parent & Pastor. I hereby give my child permission to attend and participate in Western North Carolina Church of God Youth Camp. I authorize my child to receive medical attention from qualified medical personnel, both on campus and off, should such action be necessary in the opinion of camp officials. It is my understanding the camp will make every attempt to contact me should emergency medical attention be required. I also give my permission for my child to participate in the activities of the Church of God Youth Camp, both on and off the campground, and waive action against Camp Officials, the Church of God in Western North Carolina, and the participants to injury, damage, or loss of property my child may sustain at Western North Carolina Church of God Youth Camp. I hereby affirm that I have carefully read and agree with all information on this Application form.

Signature of Parent / Legal Guardian : _____

Pastor's Signature: _____

Local Church: _____

MEDICAL/PERSONAL INFORMATION

Parents: Our camp medical insurance operates as a secondary coverage. Your insurance policy number will be listed as primary coverage and the camp's secondary in the unlikely event your child needs medical attention. If you have questions, please call (704)717-0506 or email nsmith@wnccog.com. List any other vital information on a separate sheet of paper. **The following information is required before acceptance in our camp! Thank you!**

Name of Family Physician _____ Phone # _____

Is the camper covered by medical insurance? Yes ___ No ___
Insurance Company _____

Policy# _____ Pre-Authorization for Treatment required? Yes ___ No ___

Any known health deficiencies or physical handicaps

Present Medication _____ Date of last tetanus shot _____

Allergies _____ Reactions/Other _____

Camper's Medication Form (Follow Steps 1-2)

1. In a zip-lock bag place originally labeled medicine, a recent photo of camper and this completed form.
2. Bring zip-lock bag to the Camp Nurse at Registration.

Camper's Name: _____ Age _____ Gender: _____

Camp Attending : _____

I GIVE PERMISSION FOR MY CHILD TO BE GIVEN OVER-THE-COUNTER PAIN MEDS (I.E. TYLENOL, ASPIRIN..) YES _____

Medicine(s) with time (s) and dosage (s)

Special Instructions: _____

Parent/Guardian _____ Phone: Day (____) _____ Night (____) _____

Our camps are operated by the Church of God in Western North Carolina with Headquarters in Charlotte under the direct supervision of the State Youth Director and Board. We reserve the right to make decisions which are in the best interest of camp as it relates to personnel and camper environment.

Cabin Leaders are to be a minimum of 18 years old and must have an endorsement signature from their local Church of God pastor. They must also attend pre-camp training sessions. We do not discriminate on the basis of color, national origin, sex, or race.

Camp Location:

Gateway Conference Center- Camp Ground
88 Vinewood Circle, Whittier 28789
EMERGENCY ONLY- (704) 840-9014

Please call (704) 717-0506 ext.211 or email nsmith@wnccog.com for all camp questions.

Western North Carolina Youth Camps are open to any child or young person wishing to attend regardless of race, creed, color, sex, or national origin, providing the following guidelines are met:

- ***Application must be completed in full and received with the deposit by the deadlines stated.***
- ***All necessary health and insurance information must be provided.***
- ***Application must be signed by both parent/guardian and the local pastor.***

Bring bed linens, sleeping bag, pillow, towels, wash clothes, dirty clothes bag, Bible, bathing suit, tennis shoes and toiletries.

PHONE CALLS....

Camp is only a few days, so campers do not make or accept calls unless an emergency arises.

Visitors ***are not*** permitted to stay overnight, but are welcome to attend church services.

FOR OFFICE USE ONLY: Postmarked Date: _____

FEE _____ AMT ENC _____ CK# _____ BAL _____