

CAMPER APPLICATION | WEEK TWO, JUNE 18-22 | 2018 YOUTH CAMP

STEP 1: CAMPER INFORMATION (please print clearly)

Camper Name _____ Age _____ Birth Date ____/____/____ Gender Male Female
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 The Church at Chapelhill City _____ Leader _____

STEP 3: PAYMENT

EARLY REGISTRATION

COST: \$210

NONREFUNDABLE \$75 DEPOSIT DUE -- **MAY 13**

REGULAR REGISTRATION

COST: \$230

NONREFUNDABLE \$75 DEPOSIT DUE -- **MAY 27**

FULL BALANCE DUE -- JUNE 3

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 Student 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, team competitions, and lake activities.

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