

# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_