

2012 AYM Camper Application

please complete application in their entirety before returning to AYM or your church group. Incomplete applications will incur a delay in processing

step 1: please mark which camp you will be attending - (ages 12 - 18)

Camp 1 - May 28 - June 1
 Camp 2 - June 4 - 8
 Camp 3 - June 11 - 17
 Camp 4 - June 18 - 33

step 2: please complete with camper information

first name
 last name
 mi

d.o.b (mm,dd,yy)
 age
 sex
 grade

mailing address

city
 state
 zip

phone number
 student e-mail address

name of church attending with

youth leader name

step 3: please complete with parent or guardian information

parent/guardian name

parent/guardian phone number
 alternate phone number

step 4: please complete with health care information - must be complete by parent or guardian

MEDICAL INFORMATION: All prescription medication must be in its original container labeled with the camper's name. Over the counter medication, vitamins, herbals and food supplements must be in original packaging. All medication, including vitamins, etc. must be turned into the nurse at the start of camp.

Medical Problem of Applicant _____

Medications Brought to Camp _____

Allergies: Medications _____ Food _____ Bee Stings Other _____

Insurance Carrier _____ Insurance Phone Number _____

Insurance Policy or Group Number _____

step 5: please read and sign

MEDICAL CONSENT: I DO HEREBY STATE THAT I HAVE LEGAL CUSTODY OF THIS CHILD, A MINOR. WHILE THIS MINOR IS A REGISTERED CAMPER AT ANY 2012 ARIZONA ASSEMBLIES OF GOD SUMMER CAMP, I HEREBY AUTHORIZE ANY DIRECTOR, STAFF MEMBER, NURSE, DEAN, LIFEGUARD, OR OTHER RESPONSIBLE PERSON OF SAID CAMP TO CONSENT TO X-RAY, EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE, TO BE RENDERED TO THIS MINOR UNDER THE SUPERVISION AND ADVISE OF ANY PHYSICIAN OR SURGEON LICENSED TO PRACTICE IN THE STATE OF ARIZONA, WHEN SUCH MEDICAL OR SURGICAL TREATMENT IS NECESSARY. I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ALL EXPENSES AND CHARGES INCURRED TO THE EXTENT NOT COVERED BY APPLICABLE INSURANCE.

PERMISSION IS GIVEN TO ARIZONA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD TO USE PHOTOGRAPHS (INDIVIDUAL OR GROUP) AND/OR MULTIMEDIA IMAGES AND RECORDINGS IN THE BEST INTEREST OF THE ARIZONA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD. WE HAVE READ THE RULES AND AGREE TO ABIDE BY THEM AND DO HEREBY GIVE PERMISSION TO PARTICIPATE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED.

_____ (Signature of Parent/Guardian) **REQUIRED**
 _____ (Signature of Pastor) **REQUIRED**
 _____ (Signature of Student) **REQUIRED**