

2017 CAMP ECHECONNIE CAMP APPLICATION

CAMPING MINISTRY OF THE GEORGIA CHURCH OF GOD OF PROPHECY

Choose your camp:	2017 Dates	Tuition	Deposit Due By	Late Fee After Due Date
<input type="radio"/> (Camper) Slumber Party (Ages 5 - 12)	Feb. 17 - 19	\$35	2/1	\$10
<input type="radio"/> (Chaperon) Slumber Party (Ages 5 - 12)	Feb. 17 - 19	\$35	2/1	\$10
<input type="radio"/> Senior (Ages 15- 19)	June 11 - 17	\$150	5/30	\$25
<input type="radio"/> Junior (Ages 12 - 14)	June 18 - 24	\$150	5/30	\$25
<input type="radio"/> Freshman (Ages 9 - 11)	June 25 - July 1	\$150	5/30	\$25
<input type="radio"/> Explorers (Ages 6 -8)	June 25 - July 1	\$150	5/30	\$25
<input type="radio"/> Connect (College - Young Adults)	TBA	TBA	TBA	TBA
<input type="radio"/> Fall Parley (Adult/Teen Mentoring)	Nov. 10 - 12	TBA	TBA	TBA
<input type="radio"/> Generation Unleashed (ages 12 - 19)		TBA	TBA	TBA

Please include a \$10 deposit with each application. Acceptance letters will be emailed to legible emails.

NAME OF CAMPER (LAST, FIRST)	DATE OF BIRTH (M/D/Y): ____/____/____	GENDER <input type="radio"/> MALE <input type="radio"/> FEMALE	
ADDRESS:	CITY:	STATE:	ZIP:
CAMPER EMAIL (PLEASE PRINT):	ATTENDS CHURCH AT:		
FATHER'S NAME:	MOTHER'S NAME:		
HOME/CELL PHONE: ()	HOME/CELL PHONE: ()		
FATHER'S ADDRESS (IF DIFFERENT)	MOTHER'S ADDRESS (IF DIFFERENT)		
FATHER'S EMAIL (IF DIFFERENT)	MOTHER'S EMAIL (IF DIFFERENT)		
Does your child have permission to sleep on a top bunk bed, if he/she chooses? Yes _____ No _____	If your camper chooses, may he/she be baptized in water? (Summer Only) Yes _____ No _____		
<p>If a camper needs to leave campus at any time prior to the end of camp, the camp director must have written approval from the guardians prior to the beginning of camp. No phone approvals can be accepted except for emergencies.</p> <p>At the end of camp my child will be picked up by:</p> <p><input type="radio"/> his/her guardians listed above.</p> <p><input type="radio"/> the _____ church van.</p> <p><input type="radio"/> someone other than the guardian or church van</p> <p>Name: _____</p> <p>Name: _____</p>	<p>I understand that in signing this application, I agree to abide by all the policies of Camp Echeconnee, its administration and staff personnel. These policies can be found at www.gacogop.org. I understand that incidental photos of the camper may appear in camp pictures, videos, and GACOGOP web sites.</p> <p>CAMPER SIGNATURE: _____ DATE: _____</p> <p>PARENT/GUARDIAN SIGNATURE: _____ DATE: _____</p>		

(FOR OFFICE USE ONLY) DATE RECEIVED: _____ AMOUNT: \$ _____ CHECK #: _____ GROUP: _____

MEDICAL INFORMATION

(All information on this form is considered confidential.)

Camper's Name: _____

Please list any health issues: _____

Medications currently taking, including dosage: _____

Medication or Food Allergies: _____

Date of most recent tetanus shot: _____

I understand that the camp nurse must administer all medication with no exceptions. The nurse will be present at registration to collect all medications and to receive any specific instructions.

I understand that a head-check for lice will be performed at registration, and those campers found to have nits or live lice will NOT be allowed to attend camp.

INSURANCE INFORMATION

Do you have health insurance: Yes No

If yes, please provide insurance information below.

Name of insurance company: _____

Policy and/or Group #: _____

In the event of an accident, injury, sickness, or any medical emergency, I understand that reasonable effort will be made to contact me, the camper's parent/guardian. In the event that I cannot be reached, I give my permission to the camp administration and physician selected to secure proper treatment, to hospitalize, to order injection, anesthesia, and/or surgery for my child. I also understand that my medical insurance will be given as the Primary Insurance followed by the camp insurance as the secondary. I further understand that if any sickness or if any accident should occur prior to camp concerning my child, these are cases for which the camp insurance is not responsible.

Parent/ Guardian Signature (Mandatory):

Date:

Make checks payable to the Church of God of Prophecy and mail this application along with a \$10 deposit to Church of God of Prophecy P. O. Box 370 Lizella, GA 31052-0370