

# 2017 CAMP ECHECONNIE CAMP APPLICATION

## CAMPING MINISTRY OF THE GEORGIA CHURCH OF GOD OF PROPHECY

Choose your camp:	2017 Dates	Tuition	Deposit	Late Fee
<input type="radio"/> Fall Parley (Adult/Teen Mentoring)	September 8 - 9			
<input type="radio"/> Connect (College - Young Adults)	October 6 - 8	\$85	Pigeon Forge, TN	
<input type="radio"/> Generation Unleashed (ages 12 - 22)	Nov. 10 - 12	\$55	10/31	\$15

**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>My child will be picked up from camp 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><b>CERTIFICATION &amp; UNDERSTANDING STATEMENT</b></p> <p>I certify that all the information provided on this application is accurate to the best of my knowledge. I understand that in signing this application, I am agreeing to abide by all the policies and disciplines of the camp, its administration and staff personnel. I further understand that incidental photo images of the camper may appear in camp pictures, videos, and associated church web sites.</p> <p>CAMPER SIGNATURE _____ DATE _____</p> <p>PARENT SIGNATURE _____ DATE _____</p>		

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

## CAMP SHIRTS FOR SALE

Camp shirts will be on sale during registration for \$10.00. What size does your child wear?

YS YM YL YXL AS AM AL AXL 1X 2X 3X 4X 5X

## 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: \_\_\_\_\_ 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