

CAMP ECHECONNEE CAMPER APPLICATION

CAMPING MINISTRY OF THE GEORGIA CHURCH OF GOD OF PROPHECY

Which camp are you registering for? (Based on age as of September 1.)	2018 Dates	Early Bird Tuition If Postmarked by 5/28	Tuition If Mailed After 5/28
<input type="radio"/> Senior (Ages 15- 19)	June 3 - 9	\$150	\$175
<input type="radio"/> Junior (Ages 12 - 14)	June 10 - 16	\$150	\$175
<input type="radio"/> Freshman (Ages 9 - 11)	June 17 - 23	\$150	\$175
<input type="radio"/> Explorers (Ages 6 -8)	June 17 - 23	\$150	\$175

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? Yes _____ No _____	
To assist with registraton, will you be arriving with a group of campers? If so, what is the name of the group/church? Group: (Optional):	CERTIFICATION & UNDERSTANDING STATEMENT	
At the end of camp my child will be picked up by: <input type="radio"/> his/her guardians listed above. <input type="radio"/> the _____ church van. <input type="radio"/> someone other than the guardian or church van Name: _____ Name: _____	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 . Campers who wish to swim in the deep end of the pool must pass a swim test administered by the life guard. Incidental photos of the camp and campers will be used in Camp Echeconnee's pictures and facebook pages. CAMPER SIGNATURE/DATE _____ PARENT SIGNATURE/DATE _____	

\$10 Camp Shirt (Optional Prepayment)	\$ _____	Circle shirt size if prepaid:
Deposit Amount: (\$10 minimum)	\$ _____	YS YM YL YXL AS AM AL AXL 1X 2X 3X 4X 5X
Total Enclosed:	\$ _____	

Mail to: Church of God of Prophecy Att: Gladys Hawkins P. O. Box 100 Acworth, GA 30101

(FOR OFFICE USE ONLY)

DATE RECEIVED: _____ Church Group: _____

DEPOSIT: _____ SHIRT: _____ TOTAL: _____ CHECK #: _____

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 Att: Gladys Hawkins P. O. Box 100 Acworth, Ga 30101