**CAMP ECHECONNEE CAMP S’MORE OF JESUS APPLICATION**

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

***Early Bird*** Tuition If Tuition If

Postmarked by 2/8 Mailed After 2/8

$45 $55

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| NAME OF CAMPER (LAST, FIRST): | DATE OF BIRTH (M/D/Y): GENDER  \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ O MALE O FEMAILE |
| 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\_\_\_\_\_\_\_\_\_  *D****oes not apply for* *Camp S’more of Jesus*** |
| To assist with registration, will you be arriving with a group of campers? If so, what is the name of the group/church?  Group: *(Optional)*:  At the end of camp my child will be picked up by:  O his/her guardians listed above.  O the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ church van.  O someone other than the guardian or church van  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PAYMENT:  Deposit Amount: ($10 minimum) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Mail to:***  **Church of God of Prophecy**  **Attn: Gladys Hawkins**  **PO Box 370**  **Lizella, GA 31052** |
| ***(FOR OFFICE USE ONLY)***  **DATE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DEPOSIT: \_\_\_\_\_\_\_\_\_\_ TOTAL: \_\_\_\_\_\_\_\_\_\_ CHECK#/CASH: \_\_\_\_\_\_\_\_\_\_** | |

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| **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 lice WILL NOT be allowed to attend camp.** |
| **INSURANCE INFORMATION**  Do you have health insurance?: O Yes O 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 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. |
| **CERTIFICATION & UNDERSTANDING STATEMENT**  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/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***(Mandatory)*** |
| 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, Attn: Gladys Hawkins, PO Box 370, Lizella, GA 31052. |