

CAMP ECHECONNIE CAMPER APPLICATION (PLEASE PRINT)

CAMPING MINISTRY OF THE GEORGIA CHURCH OF GOD OF PROPHECY

Which camp are you registering for?	2019 Dates	Early Bird Tuition If Postmarked by 5/27	Tuition If Mailed After 5/27
<input type="radio"/> Senior (Ages 15- 19)	June 2 - 8	\$150	\$175
<input type="radio"/> Junior (Ages 11 - 14***)	June 9 - 15	\$150	\$175
<input type="radio"/> Freshman (Ages 9 - 11)***	June 16 - 22	\$150	\$175
<input type="radio"/> Explorers (Ages 6 -8)	June 16 - 22	\$150	\$175

***Campers age 11 by camp will be given the option of attending either Junior or Freshman camp.

NAME OF CAMPER (LAST, FIRST)	DATE OF BIRTH (M/D/Y): ____/____/____	GENDER (CIRCLE) MALE 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 _____	At the end of camp my child will be picked up by:		
Will you be registering with a church group? If so, what is the name of the group? _____	<input type="radio"/> his/her guardians listed above. <input type="radio"/> the _____ church van. <input type="radio"/> someone other than the guardian/church van.		
If your camper chooses, may he/she be baptized? Yes _____ No _____	Name: _____ Name: _____		

Campers who wish to swim in the deep end of the pool must pass a swim test administered by the camp's designated staff member. Photos of the camp and campers will be used in the Camp Echeconnee's Facebook page and in camp promotions. Campers and parents agree to abide by the policies of Camp Echeconnee, the administration, and staff. Those policies can be found at www.gacogop.org.

Parent/Guardian Signature: _____ Camper Signature (age 18+): _____

Payment:

Deposit Amount: (\$10 minimum) \$ _____

Snack Card (Optional/\$10 increment) \$ _____

\$10 Camp Shirt (Optional) \$ _____

Youth Sizes: YS YM YL YXL

Adult Sizes: AS AM AL AXL

2X 3X 4X 5X

Total Enclosed: \$ _____

Camp Shirts

To keep our cost low we will order a limited # of shirts. If you would like to preorder a shirt, please circle the size and include the \$10 payment with your deposit. (Payment must be included for a shirt to be held for the camper.) Your child's shirt will be ready for pickup at registration.

(FOR OFFICE USE ONLY)

DATE RECEIVED: _____ Church Group: _____

DEPOSIT: _____ SHIRT: _____ SNACK CARD: _____ TOTAL: _____ CHECK #: _____

Mail Application & Payment to: Georgia Church of God of Prophecy
P. O. BOX 370
Lizella, GA 31052

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. Medications must be in their original container with pharmacy label showing dosage and frequency..**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, using the contact information and emergency numbers I provided on the camper application. 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: _____