

# GENERATION UNLEASHED APPLICATION

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

		Early Bird Tuition If Postmarked by 10/31	Tuition If Mailed After 10/31
<input type="radio"/> Camper (6th Grade to 22 yrs old)	November 8 - 10	\$55	\$75
<input type="radio"/> Chaperone	November 8 - 10	\$55	\$75

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)		

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

Mail to: Church of God of Prophecy    Att: Gladys Hawkins    P. O. Box 370    Lizella, GA 31052

(FOR OFFICE USE ONLY)

DATE RECEIVED: \_\_\_\_\_      Church Group: \_\_\_\_\_

DEPOSIT: \_\_\_\_\_      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.

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](http://www.gacogop.org).

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 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    Att: Gladys Hawkins    P. O. Box 370    Lizella, Ga 31052