

CAMPER APPLICATION FOR CAMP ECHECONNIE (PLEASE PRINT)

CAMPING MINISTRY OF THE GEORGIA CHURCH OF GOD OF PROPHECY

(Applications for minors must be filled out and signed by a parent or guardian with legal custody.)

Which camp are you registering for? (Camp must match camper's age.)	2021 Dates	Early Bird Tuition If Postmarked by 5/14	If rec'd after 5/14
<input type="radio"/> Senior (Ages 15- 19)	June 6 - 11	\$150	\$175
<input type="radio"/> Junior (Ages 11 - 14***)	June 13 - 18	\$150	\$175
<input type="radio"/> Freshman (Ages 9 - 11)***	June 20 - 25	\$150	\$175
<input type="radio"/> Explorers (Ages 6 -8)	June 20 - 25	\$150	\$175

Please notice that all camps will end on Friday morning instead of Saturday morning.
 ***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	
PHYSICAL ADDRESS:		CITY:	STATE:	ZIP:	
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL):		CITY:	STATE:	ZIP:	
EMAIL (PLEASE PRINT):		ATTENDS CHURCH AT:			
PARENT/LEGAL GUARDIAN #1		RELATIONSHIP:		PARENT/LEGAL GUARDIAN #2	
				RELATIONSHIP:	
HOME/CELL PHONE: ()		HOME/CELL PHONE: ()			
ADDRESS OF PARENT/LEGAL GUARDIAN #1 (IF DIFFERENT)		ADDRESS OF PARENT/LEGAL GUARDIAN #2 (IF DIFFERENT)			
EMAIL OF PARENT/LEGAL GUARDIAN #1 (IF DIFFERENT)		EMAIL OF PARENT/LEGAL GUARDIAN #2 (IF DIFFERENT)			

At registration will you be arriving with a church group? If so, what church? _____ I prefer that my child sleep on a lower bunk, if possible. (List any medical reason in the medical section.) _____ Yes _____ Doesn't matter.	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/church van. Name: _____
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Water baptism, an outward expression of our decision to follow Christ, is offered to our campers during camp. This does not refer to church membership. If your child wishes to be baptized, does he/she have your permission? Yes No

Payment: Deposit Amount: (\$10 minimum) \$ _____ Snack Card in \$10 increments (Optional) \$ _____ \$12 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 \$12 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.
Mail Application & Payment to: Georgia Church of God of Prophecy P. O. Box 370 Lizella, GA 31052 To assist with social distancing campers who submit full payment with the application (tuition, snack card, & shirt) will be able to skip the Payment Station in Room 2. Snack cards and shirts will be picked at a separate station.	

(FOR OFFICE USE ONLY)

DATE RECEIVED: _____ Church Group: _____

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

MEDICAL INFORMATION**(All information on this form is considered confidential.)**

Camper's Name: _____

Please list any health issues: _____

Current Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medication or Food Allergies: _____

Date of most recent tetanus shot: _____

Do you have health insurance: Yes No

If yes, please provide insurance information below.

Name of insurance company: _____

Policy and/or Group #: _____

STATEMENT OF CONSENT

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 able to register. After off campus treatment of hair, bedding, and clothing by the Parent/Legal Guardian, the camper may return for a recheck, and if cleared, the camper may continue with registration.

I understand that all prescription medications must be turned in at the nurse's station during registration. **The medications must be in their original container with the pharmacy label showing dosage and frequency.** The nurse will administer the medication to the camper while camp is in session.

I understand that non-prescription medications may be administered on an as-needed basis to manage illness and injury. These include (but are not limited to) Acetaminophen (Tylenol), Benadryl, Calamine lotion, Ibuprofen, Robitussin, cough drops, antibiotic cream, Aloe, Pepto-Bismol, Kaopectate, and sore throat spray.

I understand that in the event of an accident, injury, sickness, or any medical emergency, every 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 treat and perform such diagnostic, medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child. I also understand that my medical insurance will be given as the Primary Insurance.

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 and videos taken of my family while at Camp Echeconnee may be used in camp promotions and social archives. Campers and parents agree to abide by the policies of Camp Echeconnee, the camp administration, and staff. Those policies can be viewed in the Camp Echeconnee tab at www.gacogop.org.

I understand that this is a CONSENT & RELEASE, and with that knowledge, I voluntarily sign it.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **Date:** _____

WAIVER OF LIABILITY

In consideration of Camp Echeconnee, Inc making available Camp Echeconnee and for the other benefits that I or my child receive, I do hereby release and discharge the Church of God of Prophecy, Camp Echeconnee, Inc, Camp Echeconnee, its agenda, employees, and staff from all liability of any kind or nature, claim, demand or cause of action which might be asserted.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at camp or participation in the camp's programming ("claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the camp, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the camp, its employees, agents, and representatives before, during, or after participation in any camp program. I understand that this is a RELEASE and with that knowledge I voluntarily sign it.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ Date: _____

**COVID-19
CHURCH OF GOD OF PROPHECY
GENERAL RELEASE OF LIABILITY
CAMPER**

I, _____ ("Participant") acknowledge the extremely contagious nature of the world-wide pandemic, COVID-19, and that many federal, state, and local governments and health agencies have recommended protocols such as social distancing, temperature checks, and facial coverings. Camp Echeconnee, Lizella, Georgia Church of God of Prophecy cannot guarantee I will not become infected with COVID-19. I agree, represent, and warrant that I will not participate in the gathering held on the Camp Echeconnee premises ("Event"), whether taking place inside or outside the premises, if I 1) experience symptoms of COVID-19, or 2) have a suspected or diagnosed/confirmed case of COVID-19. I agree to notify Camp Echeconnee immediately if I believe any of the foregoing use restrictions apply. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in the Event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 by participating in the Event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Camp Echeconnee employees, other contractors, volunteers, and other participants. I agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind. I may experience or incur in connection with my participation in the Event. I release and forever hold harmless Camp Echeconnee, its board, directors, officers, employees, agents, contractors and affiliates as well as the Released Parties from the claims, including all liabilities, claims, actions, damage, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, negligence or gross negligence of Camp Echeconnee, Lizella, Georgia, Church of God of Prophecy, its board, directors, officers, employees, agents, contractors and affiliates whether a COVID-19 infection occurs before, during, or after my participation in any Event.

IN WITNESS WHEREOF each party hereto has executed this waiver by its authorized signatory as of the day, month, any year indicated below, and the Waiver becomes effective upon the date of the last signature hereto. If Participant is a minor (under the age of 18), the signature of the parent/guardian, below is required.

SIGNATURE: _____ DATE: ____/____/____