



Fall Youth Retreat

**Ages 13-19 September 30-October 2 at
Camp Lowman (Church of God of Prophecy)**

**Complete and mail to: Youth Retreat, PO Box 158, Troutville, VA 24175-0158
A \$10 non-refundable deposit must accompany this form.
Cost: \$50. Early Bird cost is \$40 if received by September 1, 2011
Walk in Cost will be \$55**

Personal Information

Local Church You Attend: _____ Race: _____ Home Phone: () _____
 Name: _____ Sex: M/F Age: ____ Date of Birth: __/__/____ Social Security: _____ Mobile Phone: () _____
 Parent/Guardian's Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Medical Data

Insurance Company: _____ Company Address: _____ Policy #: _____

Please list any medical problems or unusual blood type that we should be aware of: _____

Allergic Reactions to: _____ Date of most recent tetanus shot: _____ Special Needs: _____

I hereby give my child permission to attend the Virginia Church of God of Prophecy retreat. In case of emergency, I understand that every effort will be made to contact me (Parent or Guardian). In the event that I cannot be reached, I hereby give my permission to the Camp/Retreat Director and physician selected by the camp to secure proper treatment for, to hospitalize, and to order injection, anesthesia, and/or surgery for the camper. I understand sickness/illness and pre-existing conditions are not covered by the camp insurance. Therefore, it is my responsibility and the camp will not be liable for any of the expenses incurred in such cases. I hereby waive, release, and discharge any and all claims, demands and causes of action against camp officials, the Church of God of Prophecy of Virginia and the International Offices (Cleveland, TN), their agents, employees and participants to injury, damage, or loss of property my child may sustain at a Virginia COGOP Retreat. I hereby affirm that I have read and agree with all information on the application form.

NOTE: Camp nurse must administer ALL medications. The nurse will be present to collect medications at registration.



_____/____/____
Consent Signature of Parent or Guardian Date

_____/____/____
Camper Signature if over 18 Date

I CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IN SIGNING THIS APPLICATION I AM AGREEING TO ABIDE BY ALL THE POLICIES AND DISCIPLINE OF THE CAMP (REFERRING TO ALL CAMPS SPONSORED BY THE CHURCH OF GOD OF PROPHECY), ITS ADMINISTRATION AND STAFF PERSONNEL.

_____/____/____
Signature of Parent or Guardian Date

_____/____/____
Camper Signature Date

Camper applications are accepted without regard to sex, race, religion, national origin, or mental handicap.

Retreat/Room Information

+Regular Cost \$50

+Early Bird Cost: received prior to September 1: \$40

+Registration begins at 3PM Friday, September 30, 2011

+Retreat ends at 1PM on Sunday, October 2, 2011

I would like to room with _____

+Camper must have reached 13th Birthday by September 1, 2011

+\$10 discount per additional child from same immediate family

+Ages: 12-20

+Campers must leave the campground by 1:30PM on Sunday, October 2, 2011

OFFICE USE ONLY

DATE RECEIVED: _____

DEPOSIT RECEIVED: \$ _____

AMOUNT DUE: \$ _____

CABIN ASSIGNMENT: _____
