



2012 MEN'S CONFERENCE

May 4-5, 2012

Early Bird by April 1 - \$40 - After April 1 - \$45
Walk-in Price - \$50

AGES 15-17 FREE with a paying adult

Camp Lowman (Church of God of Prophecy)

Complete and mail to: Men's Conference, P.O. Box 158, Troutville, VA 24175-0158

Personal Information Local Church You Attend: _____ Home Phone(____) _____
Name: _____ 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 Men's Conference. In case of emergency, I understand that every effort will be made to contact the Parent/Guardian or the emergency contact. In the event that I/they cannot be reached, I hereby give my permission to the Men's Director and physician selected by the camp to secure proper treatment for, to hospitalize, and to order injection, anesthesia, and/or surgery for the attendee. I understand sickness/illness and pre-existing conditions are not covered by the Conference insurance. Therefore, it is my responsibility and the Men's Conference will not be liable for any of the expenses incurred in such cases. I hereby wave, release, and discharge any and all claims, demands, and causes of action against conference officials, the Church of God of Prophecy and the International Offices (Cleveland, TN), their agents, employees, and participants to injury, damage, or loss of property I/my child may sustain at the Men's Conference. I hereby affirm that I have read and agree with all information on the application form.

NOTE: Conference nurse must administer ALL medication for attendees under 18. The nurse will be present to collect medications at registration.

I CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE; I UNDERSTAND THAT BY SIGNING THIS I AM AGREEING TO ABIDE BY ALL THE POLICIES AND DISCIPLINE OF THE MEN'S CONFERENCE, AND ALL STAFF PERSONNEL.

Signature of Parent/Guardian: _____ Date: ____/____/____
Signature of Attendee (if over 18): _____ Date: ____/____/____