



Spring Youth Retreat

Ages 13-19 April 13-15 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 March 15, 2012

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 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 March 15, 2012: \$40

+Registration begins at 3PM Friday, April 13, 2012

+Retreat ends at 1PM on Sunday, April 15, 2012

I would like to room with _____

+Camper must have reached 13th Birthday by April 1, 2012

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

+Ages: 13-19

+Campers must leave the campground by 1:30PM on Sunday, April 15, 2012

OFFICE USE ONLY

DATE RECEIVED: _____

DEPOSIT RECEIVED: \$ _____

AMOUNT DUE: \$ _____

CABIN ASSIGNMENT: _____

Permission to Give Medications

Camp nurse must administer ALL medications.

The nurse will be present to collect medications during registration.

All campers will receive a brief medical screening upon their arrival. Medications will be turned in to the camp nurse. The Camp nurse must administer all medications. **Prescriptions should be clearly labeled in the**

Original bottle. Medications will not be accepted unless in their original prescription container or legal guardian accepts responsibility for any medications not in their original bottle. Send only the amount needed while at camp. Please make sure that any special health need is clearly marked on your application with the camp nurse. Special needs should be discussed with the nurse and your cabin leader.

Anyone can contract head lice and unknowingly bring it with them to camp. Please have yourself checked thoroughly before camp. We cannot allow anyone with head lice/nits to remain at camp. Lice checks will be done in a secluded area at time of registration.

Campers Name _____

Social Security Number _____

Parent/Legal Guardian Name _____

Parent/Legal Guardian Phone Number _____

Parent/Legal Guardian Cell Phone Number _____

Other Number _____

I hereby accept responsibility for this unmarked medication and attest that it is indeed _____ and is to be administered according to the following guidelines

(Name of Medication(s))

(Dosage and Special Instructions)

I hereby give my child permission to attend the Virginia Church of God of Prophecy Youth Camp. I authorize my child to receive medical attention from qualified medical personnel, both on campus and off, should such action be necessary. I understand that camp officials will make every attempt to contact me should emergency medical attention be required. I give my permission for my child to participate in all activities of the Church of God of Prophecy Youth Camp and waive all claims. I hereby waive, release, and discharge any and all claims, demands, and causes of action against camp officials, the Church of God of Prophecy in Virginia, and the International Offices of the Church of God of Prophecy (Cleveland, TN), their agents, employees, and participants to injury, damage, or loss of property my child may sustain at Virginia Church of God of Prophecy Youth Camp. I hereby affirm that I have read and agree with all information on this Application form.

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 SPONSERED BY THE CHURCH OF GOD OF PROPHECY), ITS ADMINISTRATION AND STAFF PERSONNEL.

Parent's Signature _____ /_____/____

(Consent Signature)

Date

Camper's Signature _____ /_____/____

(Camper)

Date

Must have Parent or Guardian Signature if Camper is under 18