

VIRGINIA CHURCH OF GOD OF PROPHECY

2013 Camping Ministries Application

Questions?

Contact us at:

Phone:

540-992-3696

Email: ronboyd@ntelos.net

Web:

www.vacogop.org

Applications are also available online.

(Faxes not accepted)



Hot Shot (Ages 4-7)
May 31-June 2
\$90/\$100/\$110

Junior (Ages 8-10)
June 20-23
\$90/\$100/\$110

Senior High (Ages 14-19)
June 23-28
\$115/\$125/\$135

Senior (Ages 11-13)
July 7-12
\$115/\$125/\$135
(Effective June 1 rates increase to regular rate)

LOCATION

1. All camps are conducted at Camp Lowman, Virginia Church of God of Prophecy Campground- 11738 Leesville Road, Lynch Station, Virginia. Located a few miles from Huddleston on Rt. 43 midway between Bedford and Altavista. Camp Phone: 540-297-5205.

Special Note:

For GPS Navigation:
Use the following address:

11744 Leesville Road
Huddleston, VA 24104

Camp is Located at
11738 Leesville Road.



2. From HWY 460 at Bedford take Smith Mt. Lake exit 122 South. Follow 122 South for approximately 10 minutes then turn left onto 24 East. Follow 24 East for approximately 8 minutes you will come to a stop sign, take a right following 24 East/43 South for about 3 minutes then take a right following 43 South towards Altavista for approximately 5 minutes. From Highway 29, take Altavista exit VA 43, go 8 miles toward Leesville.

3. From Richmond coming on 460 West just past Lynchburg take a left on Rt. 811 by Sheetz, follow until it merges to Rt. 709. At intersection with Rt. 24, take right to 24 West, take left on Rt. 707 toward Smith Mountain Lake, take left on Rt. 43 South. Campground is located 3 minutes on the left.

WHAT DO I BRING?

You will need bed linens (twin size) or a sleeping bag, pillow, towels/washcloths, flashlight, Bible, some extra spending money to purchase items from the snack stand (soft drinks, candy, or other snacks). Bring a bathing suit, dirty clothes bag, appropriate shoes for recreation. Toiletry items (Toothbrush & paste, soap, shampoo, etc.) Robe/cover-up for going to pool and bathrooms.

WHEN DO I ARRIVE?

Registration time will begin at 3:00 p.m. the first day of camp. Please do not drop your children off prior to this time, as there will not be staff available to monitor them. Departure time will be at 10:00 a.m. the last day of camp. (With the exception of Hot Shot which ends at noon on Sunday.) Please be on time when picking up campers. Campers who drive must adhere to the same departure time.

WHO CAN COME TO CAMP?

Virginia Church of God of Prophecy Youth Camp is open to all youth, ages 4-19. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of *race, color, national origin, sex, age or disability*. We do ask, however, that all campers:

- ▶ Complete the application, front and back, and return it with deposit/fee by the deadline.
- ▶ Provide all necessary health and insurance information.
- ▶ Get their parent/guardian to sign application.
- ▶ Campers must be within (3) three months of the age range of the camp in order to attend that respective camp.

WHAT ABOUT MEDICATION?

All campers will receive a brief medical screening upon their arrival. Medications will be given to the camp nurse. The Camp nurse must administer all medications. Prescriptions should be clearly labeled in original bottle. Send only the amount needed while at camp. Please make sure that any special 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.

CAN I CHOOSE MY CABIN MATES?

There is a space on the application for you to list your cabin mate preference. You may also list a preferred cabin leader. We will do our best to accommodate your request but remember that cabin assignments are finalized prior to the opening of camp. The earlier you send your application in, the easier it is for us to match up cabin mates.

WHAT ABOUT VISITORS/PHONE CALLS?

Non-staff and/or unregistered visitors are not allowed during the camping session. Camp is only a few days so please, do not call campers unless an emergency arises. Please do not ask campers to call home. When campers ask to use the phone it sometimes causes a chain reaction. This may cause homesickness for younger campers. Camp policy prohibits the use of cell phones for personal use. **Visitors are allowed only on the last evening of each camp.**

REGISTRATION DEADLINES & PAYMENT INFORMATION

Camp tuitions are listed on the front information sheet and front page of the application. These rates are good through May 31st. Beginning June 1st a \$10 late fee will be assessed to each application as well as an additional \$10 walk in fee. There is a \$10 non-refundable deposit required with each application. Each additional immediate family member after the initial application will receive a \$10 discount off the camp tuition. There are no prorated tuitions. For further information contact Ron Boyd at 540-992-3696 or email ronboyd@ntelos.net. **Snack Cards, Camp Lowman memorabilia and T-shirts will be available for purchase during registration.**

CAMP RULES

Camp rules are designed to preserve an atmosphere of Christian growth, maintain a high standard of conduct and to insure the safety of the campers. Camp is a happy, positive place!

- Campers will not be allowed to leave the campground without permission from the deans and/or directors. Campers are required to attend all camp activities and to be on time.
- After lights out, campers should not leave the dorm without permission from a cabin leader for their personal safety.
- All medications prescription or OTC drugs must be given to the Camp Nurse when you arrive. Campers are not allowed to keep any medications with them or in their personal belongings. The Camp Nurse must dispense all medications. Report all illnesses & injuries to the Camp Nurse immediately.
- Use of profanity, possession/use of fireworks, matches, lighters, tobacco products, alcohol, illegal drugs, or weapons of any kind are strictly prohibited and **will be considered grounds for immediate expulsion from campground.**
- Dress code prohibits midriff exposing tops, extreme shorts, suggestive or translucent clothing. Also any shirts promoting/advertising alcohol, tobacco/drugs,
- Vulgar, profane or obscene statements or cult/occult illustrated apparel also will not be tolerated.
- Don't bring CD/DVD players, iPods, laptops or other electronic devices to camp. Cellphones are strongly discouraged. If the cellphone policy is abused, phones may be kept by the director until the end of camp. Camp is not the place for expensive items or large sums of money. Camp is not responsible if items are lost, damaged or stolen.
- Respect camp property. Damage to camp property will result not only in expulsion from the camp, but liability to the parents/guardian.
- Visitors must register their visit with the Camp Coordinator and must agree to abide by the camp rules.
- No inappropriate behavior, fighting or bullying will be tolerated. This also includes any PDA beyond holding hands.
- NO guys in the girl dorms and NO girls in the guy dorms! Campers are not allowed to go to cars or cross road after being registered as a camper.

Anyone who is unwilling to abide by these camp rules may be sent home.
May Blessings and safety abide upon all campers and staff, during your time at Camp Lowman!

VIRGINIA CHURCH OF GOD OF PROPHECY

2013 Camping Ministries Application

Complete and Mail to (*Faxes not accepted*)
Church of God of Prophecy State Offices
Camping Ministries P O Box 158
Troutville, VA 24175-0158

NOTE: Applications are requested to be postmarked by May 31st to ensure that proper amounts of food and supplies are provided for your camp and must include a \$10.00 non-refundable deposit. **Effective June 1 a \$10 price increase will be assessed to all applications. Walk-in fees on day of camp will be assessed an additional \$10 fee.**

PERSONAL INFORMATION

(Camper should attend Camp of their age group & be within three (3) months of camp age.)

Local Church You Attend _____ Race: _____ Sex: M / F

Name _____ Home Phone # () - -

Address _____ City _____

State _____ Zip _____ SS# _____ Date of Birth ____/____/____

Saved Sanctified Holy Ghost

Age:

E-Mail:

Coming on Church Van or Bus ?

Yes No

PARENT/EMERGENCY CONTACT

Parent/Guardian's Name (s) _____

Day Phone # () - - Night () - - Cell Phone () - -

Emergency Contact _____ Relationship _____ Phone () - -

Other individuals authorized to pick up this camper: _____

CAMPER/ROOM INFORMATION

Early bird Regular Rate Walk-in

<input type="checkbox"/>	Hot Shot	JD & Mary Chapman	Ages 4-7	May 31-June 2	\$90 (includes parent)	\$100	\$110
<input type="checkbox"/>	Junior	Melinda Kay & Gigi Kay	Ages 8-10	June 20-23	\$90	\$100	\$110
<input type="checkbox"/>	Senior High	Robbie & Mindy Boyd	Ages 14-19	June 23-28	\$115	\$125	\$135
<input type="checkbox"/>	Senior	Erik & Emily Nelson	Ages 11-13	July 7-12	\$115	\$125	\$135

Please return your Camper Application by May 31st to insure that proper amounts of food and supplies are provided for your camp. Beginning June 1, a \$10 late fee will be assessed to all applications. \$10 deposit must be received with application. Take \$10 off each additional (after first full tuition) child from the same immediate family attending one of the camps. Names of Campers from same immediate family: _____

Names of Campers you would like to room with: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

MEDICAL/INSURANCE INFORMATION

Insurance Information Parent's Name _____
Social Security # _____ - _____ - _____
Child's Social Security # _____ - _____ - _____
Name of Employer _____ Employer's Address _____
_____ Insurance Company, Medicaid _____
Address of Ins. Company _____
Ins. Company Phone # _____ Policy # _____
Preauthorization required? _____ Co-pay amount \$ _____

Check all that apply: We do not have insurance

- Epilepsy Diabetes Convulsions
 Asthma
 Heart Trouble Kidney Trouble Rheumatic Fever
 HIV/Aids Blood Type _____ Bee Stings
 Allergic Reactions (please list) _____
 Others not listed _____
 Special needs/Limitations _____

PAYMENT INFORMATION

Registration Procedure

In order to provide the proper quantities of food and supplies, Camper Applications must be received no later than May 31, 2013.

Please help us in planning for your camp by sending your application in by the deadline.

Deposit encl. \$ _____
Tuition \$ _____
Total Enclosed \$ _____

Office Use Only:

Date Received: _____

Deposit Received

Check # _____

Cash \$ _____

Amount Due: _____

Total Received:

Check # _____

Cash \$ _____

MEDICAL DATA: PARENTS/GUARDIANS – This section MUST BE completed and SIGNED.

If injury occurs, medical facility will not treat camper under 18 years of age without Consent Signature of Parent or Guardian and Social Security Numbers.

In Case of Emergency, please contact _____ Phone: () - _____ - _____

In the case of an 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.

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

I give my permission for my child: to swim. (yes / no) to be baptized. (yes / no)

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 of 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.

Youth Camp maintains a high standard for conduct. Tobacco, alcohol, drugs, weapons, laser pointers, fireworks, and radios are unacceptable. Profanity, abusive language, crude jokes, or violent behavior will not be tolerated. Suggestive clothing such as halters, short-shorts, and tank tops are not appropriate. I pledge my word of honor to abide by the rules and regulations of the Virginia Church of God of Prophecy Youth Camp.

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

Camper's Signature

_____/_____/_____
(Consent Signature of Parent or Guardian) Date

_____/_____/_____
(Camper Signature) Date

Must have Parent or Guardian Signature if Camper is under 18

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)

(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