



AUGUST 23-25 / CAMP LOWMAN / 11744 LEESVILLE ROAD, HUDDLESTON, VA 24104

FRIDAY
 06:00 REGISTRATION
 AND DINNER
 07:00 GENERAL SESSION
 08:15 BREAK
 08:30 GENERAL SESSION
 09:45 DISMISSAL

SATURDAY
 08:00 BREAKFAST
 08:45 PRAYER & PRAISE
 09:15 GENERAL SESSION
 10:30 BREAK
 10:45 GENERAL SESSION
 12:00 LUNCH

SATURDAY CONTINUED
 01:15 CLASSES
 02:30 BREAK
 02:45 CLASSES
 04:00 BREAK
 05:30 DINNER

SATURDAY CONTINUED
 06:45 PRAYER & PRAISE
 07:00 GENERAL SESSION
 08:15 BREAK
 08:30 CREATIVE YOUTH
 SERVICES
 09:30 DISMISSAL

SUNDAY
 08:00 BREAKFAST
 08:45 PRAYER & PRAISE
 09:00 CLASSES
 10:30 BREAK
 10:45 GENERAL SESSION
 12:00 LUNCH/DISSMISSAL

ALL PASTORS, YOUTH LEADERS, AND MINISTRY TEAMS ARE INVITED
\$EIGHTY DOLLARS (COVERS FOOD, LODGING, AND WORKBOOK) | DOWNLOAD APP AT WWW.VACOGOP.ORG
BE SURE TO BRING YOUR OWN BEDDING, TOWELS, ETC. TO STAY AT THE CAMPGROUND
CONTACT INFO: ROBBIE BOYD | 540.529.5171 | ROBOYD1@AOL.COM

Personal Data Local Church You Attend _____ Race: _____ Sex: **M / F** Age: _____

Name _____ Home Phone # () - _____ - _____
 Address _____ City _____ State _____
 Zip _____ SS# _____ Date of Birth ____/____/____
 Parent/Guardian's Name (s) (if under 18) _____
 Day Phone # () - _____ - _____ Night () - _____ - _____ Cell Phone () - _____ - _____
 Emergency Contact _____ Relationship _____ Phone () - _____ - _____
 Other individuals authorized to pick up this person (If under 18): _____

Coming on Church Van or Bus ? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

I would like to room with: _____

I currently serve in: Youth Ministries Camping Ministries Children's Ministries

I am: State/Regional Director Camp Director Youth Pastor/Leader Camp Worker
 Youth Worker Lead Pastor Camp board Director Volunteer Children's Worker

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 YHT. 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 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. If under 18, I hereby give my child permission to attend the Virginia Church of God of Prophecy Youth Retreat.

_____/____/____
 Consent Signature of Parent or Guardian Date Applicant 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 Applicant Signature if over 18 Date

<p align="center">OFFICE USE ONLY</p> <p>DATE RECEIVED: _____</p> <p>DEPOSIT RECEIVED: \$ _____</p> <p>AMOUNT DUE: \$ _____</p> <p>CABIN ASSIGNMENT: _____</p>

YHT General Information: YHT is for Pastors, Youth & Children Leaders and ministry teams.

Target is for adults and young adults. Minimum age for attendance is 16. Under 18 years of age must have parental/guardian permission.

Friday, August 23-25, 2013. Please mail applications and registration fee to YHT P O Box 158 Troutville, VA 24175-0158 by August 13, 2013. Cost is \$80 which includes lodging, food and workbook. Cost will increase to \$90 on August 14 and walk in registration will be \$100.00. Remember this event is being held on the Virginia COGOP campground, you are responsible to bring your own bed linens, toiletries, etc. Registration will begin on Friday, August 23rd at 3:00 p.m. Final formal session will begin on Sunday, August 25th at 10:45 a.m. The YHT will officially conclude at noon, a bag lunch will be provided to take with you as you leave. For further information contact the Virginia COGOP Administrative offices at 540.992.3696 or Robbie Boyd at 540.529.5171. Applications available online at: www.vacogop.org

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

Applicant's Signature _____ /_____/_____
(Applicant) Date

Must have Parent or Guardian Signature if Camper is under 18