



# Arkansas Youth Camp Application

## Camp Kahoka

A Church of God of Prophecy Ministry  
Regional Office: (918) 251-9667 Regional Office Fax: 888-285-1732

Mail Applications and \$25 deposit to the Directors of the Camp you will be attending.

**MAKE CHECKS PAYABLE TO: Church of God of Prophecy**

**KID'S CAMP:** (Ages 7-12)  
Jason & LaCinda Whittington  
7217 Glenn Hills Drive  
Sherwood, AR 72120  
(870) 219-5635

Email: lacinda.whittington@heartlandcogop.org

**SENIOR CAMP:** (Ages 13-19)  
Tom & Stephanie Thompson  
1729 Osceola Drive  
North Little Rock, AR 72116  
(501) 833-2828

Email: stephanie.thompson@heartlandcogop.org

**TUITION: Early Registration** (Postmarked by May 15) . . . . . **\$125**

**Registration** (After May 15th, or at the Door) . . . . . **\$145**

**Families with 3 or more Campers receive a \$10 discount for each Camper**

**\* NOTE: Early Registration Tuitions are Transferable but not Refundable**

Tuition includes  
t-shirt & activities!

**PLEASE MARK T-SHIRT SIZE:**

**ADULT:** \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_ 2X-Large \_\_\_ 3X-Large

**YOUTH:** \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large

### Camper Information

Grade going into in the Fall? \_\_\_\_\_ First Time Camper? \_\_\_ Yes \_\_\_ No Camp Attending: \_\_\_ Kid's Camp \_\_\_ Senior

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Present Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

**NOTE:** If your child is under 18, may we have your permission to baptize them in water (by immersion) if they so desire? \_\_\_ Yes \_\_\_ No

### Parent or Guardian Information

Name of Parent or Guardian: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Who to contact in case of emergency other than parent or guardian:**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

### Medical Information

(PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD)

Please indicate with a check mark any of the following medical problems that apply to the camper. If it is a current problem, please provide date of the most recent occurrence; if a past problem, approximate date.

Rheumatic Fever	TB
Diabetes	Heart Trouble & Related Problems
Asthma	Ivy, Oak Sumac Poisoning
Convulsions	Fainting
Sleep Walking	Kidney Trouble
Recent Illness	Other:

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergic Reactions to: \_\_\_\_\_

Most Recent tetanus shot: \_\_\_\_\_ Blood Type \_\_\_\_\_

List any Medications to be administered at camp to be taken on a regular basis:

\_\_\_\_\_ Treating \_\_\_\_\_ Frequency \_\_\_\_\_

\_\_\_\_\_ Treating \_\_\_\_\_ Frequency \_\_\_\_\_

\_\_\_\_\_ Treating \_\_\_\_\_ Frequency \_\_\_\_\_

(Use another sheet of paper if necessary)

Camper is under the care of a physician for the following reasons: \_\_\_\_\_

List any dietary restrictions: (No special meals are provided, but we will inform our staff of camper's restrictions to help them choose allowed foods from our regular menu.) \_\_\_\_\_

Physical restrictions, or activities not allowed: \_\_\_\_\_

Other Pertinent Information \_\_\_\_\_

**NOTE: Medications must be in original container & administered by camp medical staff - NO EXCEPTIONS!**

### Camper Profile - Optional Information

(This information is optional, but may be helpful for our Team Leaders and Staff.)

Has the camper been affected by a death, divorce, or traumatic experience recently (or is still dealing with one of these situations)? If so, explain:

What three words describe your camper's personality? \_\_\_\_\_

Is your child a Christian? \_\_\_\_\_

Are there any special concerns or needs that you have as a parent regarding your camper while he/she is at camp? \_\_\_\_\_

### Statement of Certification and Understanding

**MEDICAL CONSENT:** In case of an emergency, I understand that every effort will be made to contact me (parent or guardian). In the event I cannot be reached, I hereby give permission to the Camp Director, Camp Nurse, and physicians selected by the camp to secure proper treatment for, to administer "over-the-counter" (OTC) or prescription medications, to hospitalize, order injection, anesthesia, and/or surgery for the camper. I understand that my insurance has the primary responsibility of payment should my child need treatment. The camp insurance is secondary. I understand that all medications, including OTC must be administered by the camp medical personnel and that medications will be collected at time of registration. I certify that all the information provided on this application is accurate to the best of my knowledge. I have read and understand the camp rules and regulations, and also understand that by signing this application I am agreeing to abide by those rules. I understand that failure to do so could result in dismissal from camp. I also agree that the Church of God of Prophecy (local, regional, and international offices), and its officers, servants, or staff shall not be held responsible for damages for any accident or sickness involving my child.

I hereby agree that my child/ward may participate in all camp activities including travel off the property. I give my permission for Camp Kahoka administration to use images and recordings of my child/ward without further compensation. I also agree to hold harmless Camp Kahoka, its staff, and volunteers from any and all liabilities, claim, demands, and causes of action whatsoever, which may arise due to the participation of myself, or my child/ward in said activities.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper's Signature (If over 18) \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

Early Registration?  Yes  No Deposit Received: \$ \_\_\_\_\_ Date \_\_\_\_\_ Application Received: Date \_\_\_\_\_

Family Discount?  Yes  No Tuition Due? \$ \_\_\_\_\_ Paid by: \_\_\_\_\_ Check \_\_\_\_\_ Check Number \_\_\_\_\_ Cash \_\_\_\_\_

Notes \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

# HEARTLAND CAMPING MINISTRIES PROGRAM STATEMENT

(KEEP THIS PAGE FOR YOUR REFERENCE.)

**KID'S CAMP:** (Ages: 7-12)  
Jason & LaCinda Whittington  
7217 Glenn Hills Drive  
Sherwood, AR 72120  
(870) 219-5635  
Email: lacinda.whittington@heartlandcogop.org



**SENIOR CAMP:** (Ages 13-18)  
Tom & Stephanie Thompson  
1729 Osceola Drive  
North Little Rock, AR 72116  
(501) 833-2828  
Email: stephanie.thompson@heartlandcogop.org

***Please read the following before completing the camper application. Parents, if the camper is younger than 18 years, please review this statement with him or her.***

**STATEMENT OF EQUITY:** All applications will be accepted on a first-come, first-served basis with no regard to race, color, creed, sex, or nationality.

**PARTICIPATION:** We are interested in the moral, social, physical, and spiritual growth of each camper. Each camper will be expected to participate in the full camping program and all activities unless the parent or guardian indicates otherwise on the application.

**REGULATIONS:** For the safety of all campers and staff, the following items will not be allowed: fireworks, drugs, guns, knives, laser pointers, or weapons of any kind. The camp reserves the right to perform an inspection of all belongings. No use of drugs, alcohol, tobacco, or profanity will be allowed. **Camper, please do not bring the following items: valuable jewelry, large amounts of money; computer; video games; CD's, radio, MP3 players, iPods, Kindles (or any other such device).**

**ITEMS TO BRING:** Please bring the following items: flip-flops or other shoes to be worn in the shower and to the pool/lake; toiletries, towels, and washcloths; casual clothes, shoes, and socks; an umbrella; sheets for a twin bed, a pillow; a quilt, blanket or sleeping bag; bathing suit or swim trunks (and shirt and shorts you don't mind getting wet); water shoes or shoes to wear to/from the pool; a flashlight; a Bible, paper, and a pen. Snack shack money. (This may be age group specific. Check camp application for details.)

**BEHAVIOR:** In the event that a member of the camp staff considers a camper's behavior to be unacceptable, extra duties may be used as corrective disciplinary action. For extreme cases, the camper may be sent home without refunding tuition.

**DRESS CODE:** The intent of our camp dress code is to provide an equitable dress code for all campers that will encourage modesty above legalism. Parents and church leaders are urged to see that only clothing which meets the policies and regulations of the camp policies are brought to camp.

### **CAMPERS: Please bring clothing to camp which fully complies with the following regulations:**

- ⇒ **Modesty** — Since this is a Christian Camp with a distinctly Christian atmosphere, the New Testament principle of modesty should always be the standard dress at camp. While on our campground, camper may not wear apparel that exposes the midriff, is extremely tight fitting, or has writing on the back of pants or shorts. Apparel may not display or promote **alcohol, drug, sexual, or inappropriate language or pictures**. It is the responsibility of the local church pastor/youth director/camp sponsor to see that each camper is aware of our camp policy and to reinforce these policies before camp begins. The camp staff is to model the standard of modesty and enforce the camp dress code, taking into consideration that wisdom dictates an appropriate response specific for each situation.
- ⇒ **Dresses and Shorts** — Camp dress is to be casual, neat, and clean. Shorts are thumb to finger-tip to the knee in length. Slits in dresses and skirts should also be modest in length. All apparel must cover the shoulder. Dresses must include accessory wear under or over any straps that do not cover the shoulder.
- ⇒ **Shirts and Shoes** — Tank tops are not allowed at camp. Sleeveless shirts are acceptable, but must go from the neck to the shoulder seam and not be split down the side. Shoes and shirts must be worn at all times outside cabins, except while swimming.
- ⇒ **Swimming Attire** — Speedos, or thong type swimsuits will be unacceptable. Extremely revealing swimsuits will require adequate covering (t-shirt, etc.). Determining the appropriateness of swimming attire will be at the sole discretion of the camp staff. Please bring shorts, shirts, or robe (and shoes/flip flops) to wear to/from the pool.

**CELL PHONE POLICY:** We endeavor to create an atmosphere that minimizes distractions and maximizes a total "camping" experience. We ask that campers turn their phones off, and turn them in at check-in. We guarantee the privacy and security of the phone. The phones will be returned upon check-out from camp. **NOTE:** We want our campers to feel safe and secure. If a camper wishes to call home, our Cabin Leaders are instructed to make sure they have access to their phone to make the call. Calls will be allowed to Parents/Guardians only, except in the case of an emergency. Parents/Guardians are more than welcome to call the Camp Kahoka phone any time to check on their camper. That number is: **(870) 269-8777**.

# Camp Kahoka

734 Ben Cartwright Lane — Mountain View, AR 72560

Camp Telephone: (870) 269-8777

Camp Kahoka is located approximately 9 miles south of Mountain View on Highway 5. Exit South off of Highway 5 and follow signs to camp.

## REGISTRATION AND PICK-UP INFORMATION

Registration begins at 2:00 PM

Pick-Up Campers after 9:30 AM

All Campers **MUST** be picked up **NO LATER** than 12 noon. Arrangements for early drop-off, or late pick-up must be made in advance by calling the Camp Director.

Everyone must go through Registration **BEFORE** entering the cabin areas.

**NO CAMPER WILL BE DISMISSED WITHOUT PROPER CHECK-OUT PROCEDURES.**



it's  
camp time!