



Arkansas College and Youth Ministries Presents  
Impact Weekend December 1-3, 2017

# Arkansas Youth Retreat Application

Camp Website: [www.campkahoka.com](http://www.campkahoka.com)  
Regional Website: [www.heartlandcogop.org](http://www.heartlandcogop.org)  
Regional Email: [office@heartlandcogop.org](mailto:office@heartlandcogop.org)

**Camp Kahoka**  
**A Church of God of Prophecy Ministry**  
**Regional Office: (918) 251-9667 Regional Office Fax: 888-285-1732**  
**MAKE CHECKS PAYABLE TO: Church of God of Prophecy**

**Mail Application to: Jason & LaCinda Whittington**  
**7217 Glenn Hills Drive**  
**Sherwood, AR 72120**  
**(870) 219-5635**

**TUITION: \$60 Ages: 13 - College Years**

**PLEASE MARK T-SHIRT SIZE:** ADULT: \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_ 2X-Large \_\_\_ 3X-Large

## Camper Information

Current Grade? \_\_\_\_\_ Email/Social Media Username? \_\_\_\_\_

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)*

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 \_\_\_\_\_

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.

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 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 \_\_\_\_\_

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**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

Staff \_\_\_\_\_



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# Youth Retreat Medical Information & Release

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

**NOTE:** This form must be fully completed and presented at the time of camp registration. No student/camper will be allowed to remain in camp without this signed and dated form.

## Camper Information

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Present Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 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

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

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.

<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	TB
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Heart Trouble & Related Problems
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Ivy, Oak Sumac Poisoning
<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	Fainting
<input type="checkbox"/>	Sleep Walking	<input type="checkbox"/>	Kidney Trouble
<input type="checkbox"/>	Recent Illness	<input type="checkbox"/>	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!**

## Statement of Certification and Medical Release

**MEDICAL CONSENT:** In case of an emergency, I understand that every effort will be made to contact the parent or guardian. In the event If 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 injections, anesthesia, and/or emergency 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 the Camp administration to use images and recordings of my child/ward without further compensation. I also agree to hold harmless the Camp 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 \_\_\_\_\_

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