

2020 Arkansas Camp Kahoka Application Packet



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Camp Kahoka

2020 Arkansas YOUTH CAMPS

Mountain View, AR

KIDS CAMP

June 11-15

Ages 7-12

Directors: Jason & LaCinda Whittington

7217 Glenn Hills Drive, Sherwood, AR 72120

Phone: (870) 219-5635

Email: lacinda.whittington@heartlandcogop.org

SENIOR CAMP

June 16-20

Ages 13-College

Directors: Shannon & Ameer Tribble

625 Larkspur Lane, Trumann, AR 72472

Phone: (870) 919-9914

Email: shannon.tribble@heartlandcogop.org

CAMP TUITION

Early Registration - May 1st = \$135

Registration After May 1st = \$160

(Registration Includes Activities, Materials, & T-Shirt)

*Full tuition due with application.

* \$10 Discount per child for Families with 3 or more Campers

* No student will be registered at camp without proper parent/guardian signature and authorization to participate in camp activities.

NOTE: Applications and other camp forms may be downloaded from our Regional Website.

www.heartlandcogop.org



Arkansas Camp Kahoka Application

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

Camp Website: www.campkahoka.com Regional Website: www.heartlandcogop.org Regional Email: office@heartlandcogop.org Camp Kahoka: 734 Ben Cartwright Lane, Mountain View, AR 72560

Check One:

SENIOR: (Ages: 13-College)

Directors: Shannon & Ameer Tribble
 625 Larkspur Ln
 Trumann, AR 72472
 (870) 919-9914
 Email: shannon.tribble@heartlandcogop.org

KIDS CAMP: (Ages: 7-12)

Directors: Jason & LaCinda Whittington
 7217 Glenn Hills Drive
 Sherwood, AR 72120
 (870) 219-5635
 Email: lacinda.whittington@heartlandcogop.org

Tuition

If application is received by May 1st \$135
 If application is received after May 1st \$160

Mail Applications and tuition to the Directors of the Camp you will be attending.
MAKE CHECKS PAYABLE TO: Church of God of Prophecy

Theme T-Shirts

Youth sizes: XS___ S___ M___ L___ XL___
 Adult sizes: S___ M___ L___ XL___ 2XL___ 3XL___ 4XL___

Camper Information

Name: _____ Grade going into in the Fall: _____ Present Age: _____
 First Time Camper: No ___ Yes ___ Male: ___ Female: ___
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Address: _____
 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(s) or Guardian: _____
 Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: (____) _____ Secondary Phone: (____) _____
 Whom to contact in case of emergency other than parent or guardian:
 Name: _____ Phone: (____) _____
 List up to 3 people (other than parent/guardian listed above or church van/bus he or she came with) who have permission to pick up your child: _____

Camper Profile - Optional Information

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. _____

 Is your child a Christian? Yes ___ No ___ Unsure ___
 Are there any special concerns or needs that you have as a parent regarding your camper while he/she is at camp?

Medical Information

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

Name of Insurance Company _____ Policy # _____

Please indicate with a check mark any of the following medical problems that apply to the camper. If it is a current prob-

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!

STATEMENT OF UNDERSTANDING AND CONSENT: I understand that this camp is a ministry of the Church of God of Prophecy, **and consequently all actions, conduct, and policies will be consistent with the Church's Statement of Doctrine and Beliefs.** 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 (including social media or website use) without further compensation. I also agree to hold harmless Camp Kahoka, its staff, and volunteers from any and all liabilities, claims, demands, and causes of action whatsoever, which may arise due to the participation of myself, or my child/ward in said activities. If you have any questions/concerns, contact your camp directors via phone or email prior to camp.

Parent or Guardian Signature _____ Date _____

Staff Signature (If 18+) _____ Date _____

FOR OFFICE USE ONLY

Early Registration? ____ Yes ____ No Tuition Received: \$ _____ Date _____ Application Received: Date _____

Tuition Due? \$ _____ Paid by: _____ Check _____ Check Number _____ Cash _____

Notes _____

Staff Signature _____ Date _____

HEARTLAND CAMPING MINISTRIES PROGRAM STATEMENT

(KEEP THIS PAGE FOR YOUR REFERENCE.)

SENIOR: (Ages: 13-College)
Directors: Shannon & Ameer Tribble
625 Larkspur Ln
Trumann, AR 72472
(870) 919-9914
Email: shannon.tribble@heartlandcogop.org

KIDS CAMP: (Ages: 7-12)
Directors: Jason & LaCinda Whittington
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Sherwood, AR 72120
(870) 219-5635
Email: lacinda.whittington@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. **Campers, please do not bring the following items: valuable jewelry, large amounts of money; computer; video games; CD's, rado, 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, closed toe 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 should be modest in length and not too tight (Approximately, thumb to finger-tip to the knee in length). If wearing leggings, wear a shirt that falls below the hips. Slits in dresses and skirts should also be modest in length. Strapless, spaghetti strap, or off-the-shoulder dresses must include appropriate accessory wear under or over them.
- ⇒ Shirts and Shoes — Spaghetti-strapped 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 director's contact phone (during daytime hours) to check on their camper.

Camp Kahoka

734 Ben Cartwright Lane — Mountain View, AR 72560

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.

KIDS CAMP: (Ages: 7-12)
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Sherwood, AR 72120
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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 10 AM. 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.

The Adventure of a Lifetime...
YOUR STORY
Kids Camp
June 11-15 Age 7-12
Cost: \$135 if posted before May 1st :\$160 after May 1st
For more info contact: lacinda.whittington@heartlandcogop.org

A poster for "Your Story Kids Camp" with a blue background and white clouds. The text is in various colors and fonts.

CAMP KAHOKA
GENERATE
REDEFINED
Cost \$135 if posted before May 1st - \$160 after May 1st
Applications can be mailed to:
Shannon & Ameer Tribble
625 Larkspur Ln, Trumann, AR 72472

A poster for "Camp Kahoka" with a red background and white text. The text is in various colors and fonts.

it's
camp time!