

## **Arkansas**

## **Fall Retreat Application**

## Regional Website: www.heartlandcogop.org Regional Email: office@heartlandcogop.org

3X-Large

Camp Website: www.campkahoka.com

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 APPLICATIONTO:** 

THIS SECTION IS FOR SENIOR CAMP ONLY:

T-Shirt Size:

## **RETREAT DIRECTORS**

Jason & LaCinda Whittington 7605 Geronimo Cir North Little Rock, AR 72116 (870) 219-5635

Email: stephanie.thompson@heartlandcogop.org

Large

Medium

Small

If you want a Camp T-Shirt, Add \$10 to your total tuition cost.

2X-Large

X-Large

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	Camper	Inform	ation -	•				
Grade going into in the Fall?				Junior / Intermediate	Senior			
Name:				Male:	Female:			
Address:		(	Oity:	State:	Zip:			
Phone: ()	_ Date of Birth:/	Present Age:	Email Addr	ess:				
NOTE: If your child is under 18, mag	y we have your permission to bap	tize them in wa	ter (by immersion)	if they so desire? Yes	s No			
	Parent or Gu	ardian	 Informati	on				
Name of Parent or Guardian:				Email Address:				
Address:		City:		State:	Zip:			
Home Phone: ()	Work Phone: (		Cell Pł	one: ()				
Who to contact in case of emerge	ency other than parent or guard	ian:						
Name:	Home Phor	ne: ()_	Ce	ll Phone: ()				
	Medical I	nformat	ion					
(PLEASE AT	TACH A COPY OF THE FR	ONT AND BA	ACK OF YOUR	 INSURANCE CAI	RD)			
Rheumatic Fever		ТВ						
Diabetes	Heart 1	Heart Trouble & Related Problems  Ivy, Oak Sumac Poisoning  Fainting  Kidney Trouble						
Asthma	lvy, Oa							
Convulsions	Faintin							
Sleep Walking	Kidney							
Recent Illness		Other:						
	Family Physician			Phone				
Arkansas Camper Application - Pa	age 1 (Medical Information Co	ntinued on back	()		Revised 2-28-12			

Allergic Reactions to:  Most Recent tetrarus shot.  Treating Frequency.  Treating Frequency.  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, be 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 fraumatic 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 mede 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 teatment for, to administer "over-the-counter" (Ort) or prescribino medications, to hospitalize, and in emergency, and the administrated by a be camp medical and understand that failure to do so could result in dismissant from earn, I also agree that the Church of God of Prophecy (local, regional, and international offices), and its offices, sevents, or staff shall not be held responsible for damages for any accident or sickness involving my child.  I hereby agree that my childward may participate in all camp activates including travel of the property. I give my permission for Camp Kahoka administration to use images and recording	Please indicate with a check mark an the most recent occurrence; if a past			ems that apply to the camp	oer. If it is a currer	nt problem, please provide date of
Most Recent tetanus shot	Allergic Reactions to:					
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