



**Arkansas
Youth Camp Application
Camp Kahoka**

Camp Website: www.campkahoka.com
Regional Website: www.heartlandcogop.org
Regional Email: office@heartlandcogop.org

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

SENIOR CAMP: (Ages: 13-17)
 Tom & Stephanie Thompson
 1729 Osceola Drive
 North Little Rock, AR 72116
 (501) 833-2828

Email: stephanie.thompson@heartlandcogop.org

JUNIOR / INTERMEDIATE CAMP: (Ages: 7-12)
 Jason & LaCinda Whittington
 7605 Geronimo Circle
 Little Rock, AR 72116
 (870) 219-5635

Email: lacidna.whittington@heartlandcogop.org

TUITION: * **Early Registration** (Postmarked by May 15) **\$ 125**
 ** **Late Registration** (After May 15th, and at the Door). **\$ 145**
 *** **Families with 3 or more Campers receive a \$10 discount for each Camper**

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: Junior / Intermediate ___ 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)

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 _____

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