

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

JUNIOR / INTERMEDIATE CAMP: (Ages: 7-12)

Jason & LaCinda Whittington

1729 Osceola Drive North Little Rock, AR 72116 (501) 833-2828	7605 Geronimo Circle Little Rock, AR 72116 (870) 219-5635						
TUITION: * Early Registration (Postmarked by May 15)	\$ 125 \$ 145						
PLEASE MARK T-SHIRT SIZE: ADULT:Small Medium YOUTH:Small Medium	uLargeX-Large2X-Large3X-Large mLargeX-Large						
Camper In							
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:/ Prese	nt Ane: 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							
Parent or Guardian:	dian Information Email Address:						
Parent or Guardian: Address:	lian Information Email Address:City:State:Zip:						
Name of Parent or Guardian: Address: Home Phone: () Work Phone: ()	lian Information Email Address:City:State:Zip:						
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Parent or Guard Name of Parent or Guardian: Address: Home Phone: () Work Phone: () Who to contact in case of emergency other than parent or guardian: Name: Home Phone: (Email Address: State: Zip: City: State: Zip: Cell Phone: () Cell Phone: () Traction AND BACK OF YOUR INSURANCE CARD) TB						
Parent or Guard Name of Parent or Guardian: Address: Home Phone: () Work Phone: () Who to contact in case of emergency other than parent or guardian: Name: Home Phone: (Email Address: State: Zip: City: State: Zip: Cell Phone: () Cell Phone: () Prmation TB						

Family Physician Phone

Allergic Reactions to: Most Recent telanus shot. List any Medications to be administered at camp to be taken on a regular basis: Treating Frequency Treating Frequency Treating Frequency Treating Frequency Treating Frequency Treating Frequency 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 MOTE: 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 helshe 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, administer vice-reb-counter, Circ Or; or prescription medications, to hospitalize, or per personnel and that medications, including TOT must be deministered by the camp must and physicians selected by the camp 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 Im decidents, including TOT must be deministered by the camp must and international offices), and its diffices, searchs, or staff shall not be deministered by the camp must and internation	Please indicate with a check mark at the most recent occurrence; if a past			ms that apply to the cam	per. If it is a curren	t problem, please provide date of
Most Recent telanus shot	Allergic Reactions to:					
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Camper's Signature (If over 18) Date FOR OFFICE USE ONLY Early Registration?YesNo Deposit Received: \$ Date Application Received: Date Family Discount? Yes No	administration to use images and recand volunteers from any all liabilities	cordings of my child/w	ard without	further compensation. I a	also agree to hold	harmless Camp Kahoka, its staff,
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