



Kansas / Missouri
Youth Camp Application
 A Church of God of Prophecy Ministry
 Regional Office: (918) 251-9667

(Mail Applications & Deposits to the Director of the Camp you are attending.)

Make checks Payable To: Church of God of Prophecy

SENIOR CAMP: Rodney & Dawn Wilcox (Ages 12-21) 14319 174th Bonner Springs, KS 66012 ((913) 634-7877 dawn.wilcox@heartlandcogop.org	KIDS CAMP EAST: Eric & Shawna Kaut (Ages 6-11) 207 S Jackson St Mountain View, MO 65548 (417) 247-1188 shawna.kaut@heartlandcogop.org	KIDS CAMP WEST: Scott & Crystal Fuller (Ages 6-11) 1609 Santa Fe Olathe, KS 66061 (913) 608-1116 crystal.fuller@heartlandcogop.org
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TUITION: * Senior Camp

Early Registration (Postmarked by June 15)	\$ 135.00
Late Registration (After June 15th, and at the Door)	\$ 155.00

*** Kids Camp EAST**

Early Registration (Postmarked by June 15)	\$ 110.00
Late Registration (After June 15, and at the door)	\$ 130.00

*** Kids Camp WEST**

Registration/Tuition	\$ 90.00
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Camper Information

****** CHECK CAMP ATTENDING:**

Kids Camp West _____ Kids Camp East _____ Senior Camp _____

Name: _____ Male: _____ Female: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Date of Birth: ____/____/____ Age first day at camp: _____ Email Address: _____

Church Attending: _____ Pastor _____ City _____ State _____

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: _____

Relationship to Camper: _____ Home Phone: (_____) _____ Cell Phone: (_____) _____

Statement of Certification and Understanding

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.

Signed:
 Camper Applicant: _____ Parent/Guardian _____ Date _____

Medical Information

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: _____

Rheumatic Fever	TB
Diabetes	Heart Trouble & Related Problems
Asthma	Ivy, Oak, Sumac Poisoning
Convulsions	Fainting
Sleep Walking	Kidney Trouble
Recent Illness	Other:

Most Recent tetanus shot: _____ Blood Type _____

Medications taken on a regular basis:

_____	Treating _____	Frequency _____
_____	Treating _____	Frequency _____
_____	Treating _____	Frequency _____

Other Pertinent Information _____

NOTE: Medications must be in original container & administered by camp medical staff no exceptions!

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

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.

Insurance Company _____ Policy # _____ Group/ID # _____

Parent or Guardian Signature _____ Date _____

Camper's Signature (If over 18) _____ Date _____

FOR OFFICE USE ONLY

Deposit Received: \$ _____ Date _____ Application Received: Date _____

Family Discount: ____ Yes ____ No Tuition Due: \$ _____

Total Paid: \$ _____ Paid by: ____ Check _____ Check Number ____ Cash

Staff _____