



APPLICATION



Mail Applications and Check or Money Order To:
 Tennessee Youth Ministries
 c/o Tennessee Church of God of Prophecy
 P.O. Box 2319 • Hendersonville, TN 37077-2319

PLEASE CHECK ONE

Staff
 Youth
 Chaperon

Name (Last, First, Middle Initial):		Father's Name:	
Address:		Address (if Different than camper):	
Address (Continued):		Father's Area Code/Home Phone:	Area Code / Cell Number:
City:		Mother's Name:	
State:	Zip Code:	Address (if Different than camper):	
Area Code / Telephone:	Area Code/Cell Number:	Mother's Area Code/Home Phone:	Area Code / Cell Number:
Date of Birth (Month/Day/Year):	Present Age:	Gender (M/F):	E-mail Address:

Names of persons (other than parents) to whom minor may be released.

(For safety reasons camper may not be released to anyone other than those listed below)

Name & Daytime Phone

1. _____ (_____) _____
 2. _____ (_____) _____
 3. _____ (_____) _____

Medical Data:

Please check any of the following conditions that are applicable.

- Rheumatic Fever
- Tuberculosis
- Sugar diabetes
- Heart Trouble
- Serious ivy/oak/sumac poisoning
- Recent illness

- Convulsions
- Fainting
- Asthma
- Sleepwalking
- Kidney trouble
- ADD/ADHD

Allergic reactions to:

- Bee/Wasp Stings
- Penicillin
- Food
- Other: _____

Recent Operations: _____ Special needs (including dietary needs): _____

Physical limitations: _____

Medications taken on a regular basis: _____

(Note: All medications must be administered by camp medical personnel who will be present at registration to collect medications.)

Blood Type: _____ Most recent tetanus shot: _____

Emergency Information:

Insurance Company: _____ Insurance ID#: _____

If parents cannot be reached in an emergency situation please notify:

Name: _____ Phone: (_____) _____ Cell: (_____) _____

Address: _____ City/State/Zip: _____

Medical Consent:

In the case of an emergency, I understand that every effort will be made to contact me (parent/guardian). In the event I cannot be reached, I hereby give my permission to the POWERhouse director or POWERhouse staff and physician selected, to secure proper treatment for, to hospitalize, and to order injection, anesthesia, and/or surgery for the camper. I understand that if any accident or sickness should occur which is not covered by camp insurance, it is my responsibility and the camp will not be liable for any of the expenses incurred in such cases. Signature of Consent:

Parent/Guardian | Youth (If over 18): _____ **Date:** _____

Statement of Certification and Understanding

I certify that all the information provided on this application is accurate to the best of my knowledge. I understand that, in signing this application, I am agreeing to abide by all the policies and discipline of the POWERhouse retreat sponsored by the Church of God of Prophecy, it's administration, staff and personnel. Any conduct incompatible, inconsistent or conflicting with the mission of the POWERhouse Retreat as a Christian retreat will constitute reason or cause for dismissal from the retreat and/or the decision to refuse acceptance to future retreats.

Required:

Camper Signature: _____ Date: _____

Parent Signature: _____ Date: _____