

# 2018 AZYM Camper Application

please complete application in their entirety before returning to AZYM or your church group. Incomplete applications will incur a delay in processing

## step 1: please mark which camp you will be attending - (ages 12 - 18)

Camp 1 - May 30 - June 2     Camp 2 - June 3 - 6     Camp 3 - June 6 - 9     Camp 4 - June 10 - 13     Camp 5 - June 13 - 16

## step 2: please complete with camper information

first name last name mi  

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d.o.b (mm,dd,yy)    age    gender at birth    grade  

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mailing address  

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city    state    zip  

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phone number    student e-mail address  

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name of church attending with  

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youth leader name  

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## step 3: please complete with parent or guardian information

parent/guardian name  

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parent/guardian phone number    alternate phone number  

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## step 4: please complete with health care information - must be complete by parent or guardian

**MEDICAL INFORMATION:** All prescription medication must be in its original container labeled with the camper's name. Over the counter medication, vitamins, herbals and food supplements must be in original packaging. All medication, including vitamins, etc. must be turned into the nurse at the start of camp.

Medical Problem of Applicant \_\_\_\_\_

Medications Brought to Camp \_\_\_\_\_

Allergies:  Medications \_\_\_\_\_  Food \_\_\_\_\_  Bee Stings  Other \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Insurance Phone Number \_\_\_\_\_

Insurance Policy or Group Number \_\_\_\_\_

## step 5: please read and sign

**MEDICAL CONSENT:** I DO HEREBY STATE THAT I HAVE LEGAL CUSTODY OF THIS CHILD, A MINOR. WHILE THIS MINOR IS A REGISTERED CAMPER AT ANY 2018 ARIZONA ASSEMBLIES OF GOD SUMMER CAMP, I HEREBY AUTHORIZE ANY DIRECTOR, STAFF MEMBER, NURSE, DEAN, LIFEGUARD, OR OTHER RESPONSIBLE PERSON OF SAID CAMP TO CONSENT TO X-RAY, EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE, TO BE RENDERED TO THIS MINOR UNDER THE SUPERVISION AND ADVISE OF ANY PHYSICIAN OR SURGEON LICENSED TO PRACTICE IN THE STATE OF ARIZONA, WHEN SUCH MEDICAL OR SURGICAL TREATMENT IS NECESSARY. I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ALL EXPENSES AND CHARGES INCURRED TO THE EXTENT NOT COVERED BY APPLICABLE INSURANCE.

PERMISSION IS GIVEN TO ARIZONA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD TO USE PHOTOGRAPHS (INDIVIDUAL OR GROUP) AND/OR MULTIMEDIA IMAGES AND RECORDINGS IN THE BEST INTEREST OF THE ARIZONA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD. WE HAVE READ THE RULES AND AGREE TO ABIDE BY THEM AND DO HEREBY GIVE PERMISSION TO PARTICIPATE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED. ASSUMPTION OF RISK FOR THE FOLLOWING ELEMENTS AT CAMP: SWIMMING POOL, ROPES COURSE, CLIMBING WALL, & LARGE SWING.

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(Signature of Parent/Guardian) **REQUIRED**                      (Signature of Pastor) **REQUIRED**                      (Signature of Student) **REQUIRED**

