

2017 Summer Camp Application

Florida Church of God of Prophecy

Please carefully and neatly complete all parts of this application.

Last Name	First Name	M.I.
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Address	City	State	Zip
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Home Phone	Cell Phone	Email
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Camper's Birthday	Age by Camp	Gender
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Local Church You Attend	Pastor's Name	Pastor's Phone Number	
Are you:	Saved	Sanctified	Holy Ghost Filled

Parent/Guardian Name	Emergency Phone Number #1	Emergency Phone Number #2
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Please select one Camp per application. Please submit applications with tuition or \$25 deposit as early as possible. This helps us tremendously in planning, but we will accept walk-ins.

_____ **C³ Encounter (Ages 20-25) Rodney & Christina Bevis, Directors** Tuition \$50
Camp Dates: June 2-4, 2017

_____ **Hot Shot Camp (Ages 5-8) Shellie & Scott Creasy, Directors** Camper Tuition \$50
 (A parent/guardian may attend, but is not required.) Adult Tuition \$25
Camp Dates: June 10-12, 2017
 Name of Parent/Guardian If Attending _____

_____ **Senior Camp (Ages 15-19) Aaron & Angela Taylor, Directors** Tuition \$110
Camp Dates: June 12-17, 2017

_____ **Intermediate Camp (Ages 12-14) Rick & Von Davis, Directors** Tuition \$110
Camp Dates: June 19-24, 2017

_____ **'I Can' Camp (Ages 5-18) Marco & Angela Dominguez, Directors** Camper Tuition \$65
 (Open to children with mild to moderate physical and cognitive developmental delays. At least one parent/guardian is required to attend.) Adult Tuition \$35
Camp Dates: June 24-26, 2017
 Name of Parent/Guardian Attending (Required) _____

_____ **Junior Camp (Ages 8-11) Sandy & Barbara Gamble, Directors** Tuition \$110
Camp Dates: June 26-July 01, 2017

Date Received	Tuition	Camp Office Use	Deposit	Total Due
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Medical Release:

I understand, in the event of ANY accident, injury, illness, and/or any other relevant medical emergency, reasonable effort will be made by camp staff to contact the parent/guardian of the injured camper. If camp staff is unable to contact me by the information I have provided, I hereby give permission for camp medical staff to administer emergency First Aid and I authorize the Camp Director and stand-by camp physician selected to secure proper emergency medical treatment (this to include, but not limited to, hospitalization, the order of appropriate medication(s), and/or the approval for needed emergency surgery).

It is understood by the camp administration that medical information provided is according to Health Insurance Portability and Accountability Act (HIPPA). As parent or legal guardian of the applicant, I hereby grant permission to camp administration to share pertinent health information with those only who must ensure the health and safety of the applicant.

Campers MUST submit all medications to the camp nurse during registration. During camp, all camper medications must be administered by and/or in the presence of the camp nurse. Please provide the following information with reference to camper medications:

Medication Name	Dosage	Frequency
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I give permission for the camp nurse to provide and administer over-the-counter medications as needed. (please circle one) **YES NO**

Name of Camper's Doctor _____ Phone: _____

Medical Insurance: **YES NO** If "YES" please list provider _____ ID# _____

Health History (circle all that apply)

Epilepsy	Convulsions	Diabetes	Asthma	Heart Trouble	Sleep Walking	Coma	Tuberculosis	Fainting
Kidney Trouble	Rheumatic Fever	HIV/AIDS	Other _____					

Allergic Reactions (circle all that apply)

Bee/Wasp Stings Pollens Poison Ivy/Oak/Sumac Penicillin Any other drugs (please list) _____

Allergies (please list) _____

Last Tetanus Shot _____ Recent Surgery/Illness _____

Physical Restrictions _____

History of Mental Illness: **YES NO** Dietary Restrictions _____

I give my permission for the camper to:

- go swimming (life guard supervised only): **YES NO**
- participate in baptism if he/she desires to do so: **YES NO**
- have photographs/videos taken during camp session activities and consent that these may be published and used solely to illustrate and promote the camp experience: **YES NO**

I have received a copy of the Camp Participation Guidelines. (Page 3 of this document) I have read, understand and agree to abide by all campground rules, policies, and guidelines:

Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Notary Public Signature _____ Date _____

Please send pages 1 & 2 of the completed application and tuition payment to: **Summer Camp c/o Church of God of Prophecy
PO BOX 783156
Winter Garden, FL 34778**

Make check payable to Church of God of Prophecy or if paying by credit/debit card, please complete the following:

Name on card	Card number	Expiration Date	CVV	Zip Code
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2017 Camp Participation Guidelines

Keep this for your reference

- All campers are expected to abide by all "Camp Participation Guidelines." I understand that my child may be dismissed from camp and sent home in the event that his/her behavior is determined to be unacceptable by camp staff (Camp Coordinator and/or Camp Director). Parents/Guardians will be notified of this decision prior to the camper's dismissal.
- No camp tuition refunds will be given in the case of campers having to leave camp early (by parent, camper, or staff request).
- Any camper, determined by and/or in the opinion of the Camp Nurse, to have an "at risk" medical condition (i.e., pregnancy, contagious disease, head lice, etc.) which would negatively affect the health of other campers and staff will be immediately dismissed upon discovery.
- Campers are never to be allowed to leave the campground once camp has begun without direct staff supervision and Camp Director knowledge and permission.
- Campers are expected to attend and appropriately participate in all camp programming unless otherwise excused in writing by a camper's parent/guardian.
- Deliberate and/or intentional destruction of campground property will not be tolerated and will become the financial responsibility of the camper(s) and/or his/her parents/guardians.
- Camp Sonshine is a Christian campground and it is necessary for all campers to conduct themselves in a morally respectful and responsible manner at all times. Campers are expected to adhere to the moral and ethical principles and policies of Camp Sonshine and the Church of God of Prophecy. Please note; infractions such as, but not limited to, sexual promiscuous behavior, fighting, using tobacco, alcohol, or non-prescribed drugs, or bringing firearms or weapons on the campground are taken very seriously and can result in immediate dismissal. In addition to this, campers are to be in compliance with all local, state, and federal laws. Failure to do so can lead to notification of parents/guardians, potential dismissal, and/or criminal prosecution.
- Campers are not to leave their cabins at night after curfew, or before the morning wake-up time without appropriate (Director/Dean) staff knowledge and permission.
- Camp Sonshine is not responsible for the loss and/or damage of personal belongings during camp.
- All personal camper medical expenses will be first billed to the camper's medical insurance/provider. Camp Sonshine will then become the secondary provider for any additional claim balance.
- No food and/or pets are allowed in the cabins and/or any campground buildings.
- Personal visitation is not allowed while camp is in progress.
- All camp service visitations/visitors are to be approved prior to the visitation/visitors' arrival at the campground by the Camp Director.
- Failure to follow the "Camp Participation Guidelines" will result in a personal counseling intervention with the Camp Director and may result in the removal of the camper from the campgrounds.

What to Bring to Camp



www.flcogop.com/camp

- Bible
- Bedding – sleeping bag or sheets and blanket, pillow
- Towels and wash cloths
- Toiletries – toothbrush, toothpaste, soap, shampoo, deodorant, etc.
- Appropriate clothing for each day – shorts must be mid-thigh or longer, no sagging pants, no spaghetti strap tops, no plunging necklines, no offensive graphics, etc.
- Bathing suit (must wear cover-up or shorts and t-shirt to and from pool area)
- Dress clothes for Banquet Night (optional)
- Appropriate clothing for Baptismal if camper participates (bathing suits not acceptable, dark colored clothes recommended)
- Electronic Devices – must be turned in when you get to Camp. They can only be accessed and used during designated free times.
- All medications must be given to the Camp Nurse and will be administered as described in the Medical Information on page 2 of this document.
- Spending money for the Snack Shack (optional)

NOTE: Registration begins at 2:00pm the first day of a Camp and Pick Up time is on or before 10:00am the last day of a Camp. Please be mindful of these times because we do not have adequate supervision during the transition between Camps. One group is packing up and leaving while another is moving in and setting up.

Directions to Camp Sunshine

24165 Dan Brown Hill Road
Brooksville, FL 34602

Camp Main Number 352-796-8600
Camp Coordinator 352-250-2527

From Orlando: Hwy 50 West (Approx. 40 miles from Winter Garden) Turn left onto County Road 541 (Spring Lake) - - Go approx. 4 miles and turn right onto County Road 576 (Hayman Road) - - Go approx. 3 miles and bear left onto Dan Brown Hill RD - - Youth Camp is approximately ¼ mile on the left.

If traveling on I-75 SOUTH: Exit on Hwy 50 West and follow above directions.

If traveling on I-75 NORTH: Exit on Hwy 50 West and follow above directions.

Coming in on U.S. 41: From Brooksville turn at County Road 576 (Ayers RD) name changes to Hayman RD. Turn right onto Dan Brown Hill RD. Youth Camp is approximately ¼ mile on the left.