

Church of God Youth Camp

2019 CAMPER APPLICATION

1 – CAMPER INFORMATION <i>(Please provide an email so that we can send camp correspondence.)</i>				
FIRST NAME:		MI:	LAST NAME:	
ADDRESS:			CITY:	STATE: ZIP:
AGE:	DATE OF BIRTH:	MALE OR FEMALE	EMAIL:	
IN CASE OF EMERGENCY, NOTIFY:			PHONE: ()	
NAME OF CHURCH ATTENDING:			PASTOR'S NAME:	
I WOULD LIKE TO ROOM WITH: 1 ST CHOICE:			2 ND CHOICE:	
2 – CAMP DATES & LOCATION				
DATE OF CAMP: May 27-30, 2019 (Mon-Thu)			LOCATION: ADACIAN BAPTIST CENTER, 1202 Academy Drive, Eunice, LA 70535	
3 – CAMP AGES & COST <i>(Deposit of \$50 non-refundable must accompany application)</i> CIRCLE which camp attending.				
JUNIOR CAMP – AGES 7-12	COST: \$190 – CAMP FEE MUST BE RECEIVE BY MAY 1st (POSTMARKED) AFTER MAY 1 st COST WILL BE \$215			
SENIOR CAMP – AGES 13-19	COST: \$190 – CAMP FEE MUST BE RECEIVE BY MAY 1st (POSTMARKED) AFTER MAY 1 st COST WILL BE \$215			
	T-shirt Size (<i>circle one</i>): YM YL S M L XL 2X 3X Other: _____ (<i>included in price of camp</i>)			
4 – CAMPER HEALTH INSURANCE <i>(This section MUST be completed. Camp insurance is only secondary to your personal insurance.)</i>				
INSURANCE COMPANY:		POLICY NUMBER:	PHONE: ()	
5 – CAMPER PHYSICAL HEALTH/MEDICATIONS				
LIST ANY PHYSICAL PROBLEMS OR INFECTIOUS DISEASES:				
ALLERGIES:		DRUGS ALLERGIC TO:		
NAME OF MEDICATION YOU ARE CURRENTLY TAKING:			DOSAGE & TIME:	
DATE OF LAST TETANUS SHOT:	FAMILY PHYSICIAN:		Phone: ()	
MY CHILD: <input type="checkbox"/> IS ALLOWED <input type="checkbox"/> IS NOT ALLOWED TO TAKE: <input type="checkbox"/> ASPIRIN – 1 OR 2 TABLETS AND/OR <input type="checkbox"/> TYLENOL – 1 OR 2 TABLETS				
6 – PERMISSIONS & SIGNATURES				
I HEREBY GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ACTIVITIES OF CHURCH OF GOD YOUTH CAMP AND WAIVE ALL CLAIMS TO INJURY OR LOSS OF PROPERTY ARISING OUT OF THE ACTIVITIES AGAINST THE LEADERS OF THIS CAMP, THE OTHER PARTICIPANTS, AND THE CHURCH OF GOD STATE EXECUTIVE OFFICES OF LOUISIANA AND/OR INTERNATIONAL OFFICES. IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE LICENSED PHYSICIAN SELECTED BY THE CAMP TO HOSPITALIZE, SECURE PROPER TREATMENT, ANESTHESIA, OR SURGERY FOR CHILD NAMED ON THIS APPLICATION. I HEREBY ACCEPT FINANCIAL RESPONSIBILITY TO REPAIR AND/OR REPLACE DAMAGED TO PROPERTY AT THE DISCRETION OF CHURCH OF GOD OFFICALS. FURTHER, I UNDERSTAND THAT MY CHILD MAY BE PHOTOGRAPHED AND/OR VIDEOD FOR PROMOTIONAL OR REMEMBRANCE PURPOSES. THESE IMAGES WILL REMAIN THE PROPERTY OF THE CHURCH OF GOD FOR USE AS THE CHURCH OF GOD SEES FIT.				
PARENT/GUARDIAN SIGNATURE:			DATE:	
I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE <u>WATER BAPTISM</u> SERVICE.				
PARENT/GUARDIAN SIGNATURE:			DATE:	
I HEREBY PLEDGE MY WORD OF HONOR THAT I WILL ABIDE BY THE RULES AND REGULATIONS OF THE CAMP DURING MY STAY. I WILL DRESS ACCORDING TO THE CHURCH OF GOD HIGH STANDARDS OF MODESTY.				
CAMPER'S SIGNATURE:			DATE:	
PASTOR'S APPROVAL SIGNATURE:			DATE:	
7 – PAYMENT INFORMATION				
MAIL APPLICATION AND PAYMENT TO: CHURCH OF GOD STATE OFFICE, ATTN: YOUTH CAMP, 12005 Coursey Blvd, Baton Rouge, LA 70816				
OFFICE USE ONLY				
Date Received:	Deposit Paid: \$	Balance Due: \$	Camp: Junior or Senior	Room: