

## **Summer Camp 2021 Camper Application**

**Registration Form** (photocopy as needed)

All Pre-Registration Applications must be postmarked by June 1 for Discount. After June 1 Registration will be FULL PRICE. Camp check-in is at 2:00pm each opening day of camp. Campgrounds must be cleared by 10:00am on the last day of camp.

FORM MUST BE FILLED OUT IN ITS ENTIRETY				
STEP 1: CAMPER INFORMATION (please print clearly)				
Camper Name	Age	Birth Date		Gender ☐ M ☐ F
Mailing Address	City		State	Zip
Phone Number ( )	Oity		Oldio	<u> </u>
STEP 2: PARENT INFORMATION (please print clearly)				
Mothers Name	Fathers Nan	ne		
Phone Number ()Cell Number ()	Other Emerg	ency No. <u>(</u> )		
STEP 3: CHURCH INFORMATION (please print clearly)				
Church Name	Group Leader			
STEP 4: PICK A WEEK OF CAMP (check one)				
	urney – July 12-16		<b>np Inspire –</b> J	uly 19-24
Grades: 1st_4th Early Registration - \$95 Grades: 5 Early Reg	5tn-8tn gistration - \$100		des: 9th-12th By Registration	¢105
Registration \$115 Registration			gistration \$125	
* Early registration must be postmarked before June 1 to receive discount.*	•		g	
STEP 5: HEALTH INFORMATION (required)			BE FILLED OUT BY	PARENT OR GUARDIAN
Do you have hospitalization insurance? Yes No If so, nar	me of company policy n			
	me or company, policy ne			
Is there any information we should have regarding this camper	? (i.e., handicaps, restric	tions, etc.)		
What communicable diseases has this camper had? (check all that apply)  Measles Polio Mumps Chicken Pox Scarlet Feve	er Whooning Cough			
When did this camper receive the following immunizations? (give year)	, -			
Polio Diphtheria Whooping Cough Tetanus Toxoid  Does the camper have any of the following? (check all that apply) Heart Tro		h	liin Tarukla 🔲 L	Trankla Diabata
Allergies (Name allergies or medications camper is allergic to. Camper must bring	own EpiPen if needed.)	nma 🗀 Hernia 🗀 S	KIN Trouble LL	Ing Trouble Library
Other Name medications presently taking  Has camper been under medical care within the past three months?				
Yes No If so, for what reason				
May be given Tylenol? ☐ Yes ☐ No Benadryl? ☐ Yes ☐ No Ibuprofen ** PLEASE FILL OUT MEDICAL FORM IF YOUR STUDENT TAKES MEDICATION O				Pepto-Bismol? Yes No
STEP 6: SIGNATURES (required)				
Realizing that the camp is a leadership training institution, and that it has certain idea regulations of the camp, and to waiver any and all claims against the District Organiz other damage that may be incurred to me or my property in connection with, or incide	ration,The Pentecostal Church	of God, any of it's Distri	ct Board or it's repre	esentatives, because of any injury or
CAMPER'S SIGNATURE (required)			• •	•
PASTOR'S SIGNATURE (required)			Date	



I hereby authorize the River Pointe and SO MO Youth Ministries and/or it's representative, as an agent for myself to procure medical, hospital or dental care for my child named on this form, in the event of injury or illness while the child is in the care of the above Named, I understand that I am financially responsible for any care procured. It is understood that this authorization given in advance of any specific diagnosis, treatment, or hospital care being required. But is given to proved authority in the part of my agent to consent to such medical care, should it become necessary.

\* I also authorize designated medical professionals to dispense over-the-counter medications as needed to the camper listed above.

\* Please note that upon arrival, each camper will be examined for head lice. If nits of lice are present campers will be turned away with no refund issued.

\* I hereby irrevocably consent to and authorize the unrestricted use and reproduction by you or anyone authorized by you, of any and all photographs and/or video images which you have taken of the camper listed above, for use within the scope of River Pointe , SOMO Youth Ministries, or the Pentecostal Church of God

This must be signed by the cam PARENT'S OR GUARDIA	nper's Parent/Legal Guardian. AN'S SIGNATURE (required) _		Date	
or Office Use Only: ate Postmarked	Amount Pd.	Church or Personal	Check #	
7. Activity(ies) Pre-Registronstructions Camp Adventure may select 2 ctivities. Camp Journey may select 3 ctivities. Camp Inspire may select 4 ctivities. Comp		Camp Journey Activities Tubing - \$10 Paintball - \$10 per day (2 days max) River Rafting - \$20 Kayaking - \$25 Horseback Riding - \$30 Aerial Park with Zipline - \$40	Camp Inspire Activities Tubing - \$10 Paintball - \$10 p (2 days max) River Rafting - \$ Kayaking - \$25 Horseback Ridin Aerial Park with	er day 20 ng - \$30
8. Shirt Order (optional) T-Shirt - add an additional (May not be available for lat		YM YL YXL S M  Sports  Gray Shirt	L XL 2XL 3X	ect a size and a shirt
Camp Adve Please Note: *YOU MAY ONLY ORDER THE S	nture HIRT FOR THE CAMP YOU ARE AT	Camp Journ TENDING.* *YOUTH SIZES ARE	ey & Inspire  NOT AVAILABLE AT CAMP JOU	RNEY & INSPIRE.*
3. Total Payment Due				
Camp Registration + Activities Total + T-shirt Total Total Cost		Total Cost:	\$	

\*\* Per Camp Policies, No Registration will be Refunded.\*\*