

Midlands Region Church of God Summer Camp

2019 CAMPER APPLICATION

“SHAZAM”

Rush to: Youth Camp 2019, 4417 N. 156th Avenue Circle, Omaha, NE 68116.

A \$20.00, non-refundable, non-transferable pre-registration fee must accompany this completed application for you to be officially pre-registered!

The \$20.00 deposit will be deducted from the total cost and the remaining must be paid before or on the day of camp.

PLEASE CHECK WHICH CAMP YOU WILL ATTEND

_____ Senior Camp Ages 13 - 18 July 22 - 25, 2019
_____ Junior Camp Ages 6 - 12 July 25 - 27, 2019

A six month tolerance is permitted for each camp. For example, if your 5-year-old will be 6 by Dec. 31, your child may go to Junior Camp. If your 12-year-old will be 13 by Dec. 31, your child may attend both Senior and Junior Camp. A separate application must be filled out for each camp.

REGISTRATION FEE (check the one that applies) *A \$20.00 pre-registration fee must accompany all applications*

ALL CAMPS: *Please mail all household applications together.*

There will be a \$25.00 discount for any additional children in a single household

Early Bird Price:

Postmarked by **June 28, 2019** _____ \$125.00

Late Fee Prices:

Postmarked after **June 28, 2019, prior to camp** _____ \$135.00 _____ \$140.00 **Walk-ons**

PERSONAL INFORMATION (please print all information)

Name _____ Male _____ Female _____ Age _____ Date of Birth _____ / _____ / _____
Address _____ City _____ State _____ Zip _____
Home Phone (_____) _____ - _____ Parent/Guardian Work or Cell Phone (_____) _____ - _____
Email Address _____ Local Church _____ Pastor's Signature _____
Tee Shirt Size: _____ Who do you wish to room with? _____

MEDICAL INFORMATION (If camper has medical problems or needs medication, please attach a picture of them for the nurse.)

Date of last Tetanus Shot _____ / _____ / _____ Please list any Allergies or Medical Problems _____

Any reaction to medication? Yes _____ No _____ If yes, list: _____

Parent's Insurance Company _____ Policy # _____

Please provide a copy of Insurance card (front and back).

Pre-authorization required? Yes _____ No _____ If yes, what limits? _____

Doctor's Name _____ Phone (_____) _____ - _____

Parents Name: _____ SS#: _____ - _____ - _____ Date of Birth: _____

I understand that the Camp Insurance Policy provides secondary coverage, and I must provide primary coverage for my child. I accept all financial responsibilities for medical costs. **Parent/Legal Guardian please sign:** _____

CAMPER COMMITMENT

Campers are to dress according to the Church of God high standards of modesty. If accepted, I will abide by the rules and regulations of the camp and obey those over me. CAMPER SIGNATURE: _____

PARENT/GUARDIAN CONSENT SIGNATURE

If my child has a spiritual experience with Jesus Christ at Youth Camp, I give permission for my child to be baptized in water during the Youth Camp water baptism service. Please check one of the boxes: yes no

I hereby give my child permission to attend and participate in the Midlands Region Church of God Youth Camp 2019. I hereby waive, release, and discharge any and all claims, demands, and causes of action against Camp Officials, the Church of God in the states of Iowa & Nebraska, and the International Offices, Cleveland, TN, their agents, employees, and participants arising from any damages, property loss, or injury my child may sustain at the Midlands Region Church of God Youth Camp. I further consent to allow Camp Officials to seek and obtain emergency medical treatment for my child should my child need medical treatment.

Parent/Guardian Signature Required

Date of Signature

OFFICE USE ONLY

Postmarked _____
Camp Fee \$ _____
Amount Enclosed _____
Balance Due \$ _____
Camp Choice _____
Room Assignment _____
Confirmation Mailed _____