Midlands Region Church of God Summer Camp

2020 CAMPER APPLICATION

"TOP GUN - THE BEST OF THE BEST"

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

A <u>\$25.00</u>, non-refundable, non-transferable pre-registration fee <u>must</u> accompany this completed application for you to be officially pre-registered!

The \$25.00 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 - 17	June 22 - 26, 2020
Junior Camp	Ages 6 - 12	June 22 - 26, 2020

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.

OFFICE USE ONLY	
Postmarked	
Camp Fee \$	
Tee-Shirt Fee \$	
Amount Enclosed	
Balance Due \$	
Camp Choice	
Room Assignment	
Confirmation Mailed	

REGISTRATION FEI	(check the one that applies)	A \$25.
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A \$25.00 pre-registration fee must accompany all applications

ALL CAMPS: Please mail all household applications	TEE-SHIRT						
There will be a \$20.00 discount for any additional	Youth Sizes S M L						
Early Bird Price:	Adult Sizes S M L						
Postmarked by June 8, 2020	\$130.00		XL XXL				
Late Fee Prices:			PRE-ORDERED TEE-SHIRTS ARE \$10.00 each				
Postmarked after June 8, 2020, prior to camp	\$140.00	\$150.00 Walk -ons	(Tee-Shirts will be available at Camp Store)				
PERSONAL INFORMATION (please p.	(Price at Camp Store will be \$15.00)						
Name	Male	Female Age	e Date of Birth / /				
Address	ddress 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 probler	ns or needs medication, pl	lease 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 ye	es, 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 s me. CAMPER SIGNATURE:			e rules and regulations of the camp and obey those over				

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 2020. 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