

Midlands Region Church of God Summer Camp 2021 CAMPER APPLICATION

“LIGHT THE WAY”

Rush to: Youth Camp 2021, 4417 N. 156th Avenue Circle, Omaha, NE 68116.

A **\$25.00**, non-refundable, non-transferable pre-registration fee **must** 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 balance must be paid before or on the day of camp.

There will be a \$20.00 discount for any additional children in a single household
Please mail all household applications together.

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

CHECK WHICH CAMP YOU WILL ATTEND

_____ Senior Camp Ages 13 – 17 June 7 - 12, 2021
 _____ Junior Camp Ages 6 - 12 June 7 - 12, 2021

A six-month tolerance is permitted for each camp. For example, if your 5-year-old will be 6 by December 31, your child may go to Junior Camp. If your 12-year-old will be 13 by December 31, your child may choose which camp to attend.

REGISTRATION FEE

Early Bird Registration: On or before May 17, 2021\$130.00
 Registration: May 18-24, 2021\$140.00
 Walk-on Registration:\$150.00

T-SHIRT SIZE (Circle One)						
Youth Size:	S	M	L			
Adult Size:	S	M	L	XL	2X	3X
Pre-Ordered Shirts: \$10			Shirts purchased at camp: \$15			

PERSONAL INFORMATION (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 _____
 Who do you wish to room with? _____

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

Please provide a copy of Insurance card (front and back).
 Date of last Tetanus Shot ____ / ____ / ____ List any Allergies or Medical Problems _____
 Any reaction to medication? Yes ____ No ____ If yes, list _____
 Parent’s Name _____
 Parent’s Insurance Company _____ Policy # _____
 Pre-Authorization Required? Yes ____ No ____ If yes, list _____
 Doctor’s Name _____ Doctor’s Work Phone (_____) _____ - _____

CAMPER COMMITMENT

Camper 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 REQUIRED:** _____

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 participate in activities at Camp Forest Lake, Bloomfield, Iowa. Activities include but are not limited to low impact sports, high impact sports, paintball, challenge course, ropes course, swimming, or other activity at said facilities. If camp activities are off site, I give permission for my child to travel with camp volunteers, employees, and/or agents of the camp. I hereby waive, release, and discharge any and all claims, demands, and causes of action against volunteers, employees, Church of God Regional officials, the Church of God in the Midlands Region, and the International Offices, Cleveland, TN, arising from any damages, property loss, or injuries that I or my child may sustain and hereby accept all responsibilities for medical costs. If my child causes damage to property through willful destruction and/or by accidental means, I hereby accept financial responsibility to repair and/or replace property at the discretion of Church of God Officials. Further, I understand that my child may be denied involvement from any activity for safety precautions or as penalization for disobedience of camp rules at the discretion of Officials or volunteers. I further understand that my child may be photographed and or videoed 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. I accept full financial responsibility for and hereby consent to allow employees and/or volunteers to obtain emergency medical treatment as needed for my child if I am physically unavailable at the time of said illness or accident. Further, it is understood that my medical insurance, health insurance, or accident insurance (if applicable) will be used as the primary policy and that the Church of God policy will be used as the secondary policy.

Parent/Guardian Signature Required

Date of Signature