

2017 DISTRICT YOUTH CAMP APPLICATION

GRADES 7-12 This Camp Form & \$25 Deposit Is Due June 4

NAME: _____

CIRCLE:

MALE / FEMALE

ADDRESS: _____

GRADE COMPLETED

CITY/STATE/ZIP: _____

DATE OF BIRTH

PHONE (including area code): _____

_____/_____/_____

E-MAIL: _____

AGE: _____

Name of parents or guardian child lives with: _____

Address (if different from above): _____

Day Phone #:(_____) _____

Cell Phone #:(_____) _____

Evening Phone#:(_____) _____

Emergency Contact Person _____

Relation to Camper _____ Phone # _____

***I give permission for my child/children to be in pictures or videos for camp use. ___ Yes ___ No**

CHECK THE CAMP YOU WILL BE ATTENDING

All Youth Camp 3

June 26-30 Speaker: Daniel Gray

* ___ Camp-ReWind

July 3-7 *You must have attended any 1 of weeks 1-3*

(The Camp Rewind discount is only available to those who have already attended any week of camps 1-3. Anyone can register as a camper that same week, but regular registration rates apply if a previous week has not already been attended.)

Have you ever attended camp before? _____ How many times? _____

Church Name Christ Community Church

Church City Cumming

Pastor Jonathan Sharp

I have read all of the rules regarding camp, and I will obey and abide by all camp rules.

Camper's Signature (Required) _____

REGISTRATION COST: Week 3: \$185 *Camp ReWind: \$110

Amount Enclosed: Check one * Cash, Check or Debit (Use Offering Envelope)	_____ Full Amount _____ \$25 deposit (balance due on arrival) *Non-refundable; Transferable
Make checks payable to:	Christ Community Church. Memo: Youth Camp (student's name)

*****PLEASE COMPLETE BOTH PAGES OF REGISTRATION FORM*****

Health Certificate

(To be filled out by parent or guardian)

Please Print

Camper Name _____

Address _____

City _____ State _____ ZIP _____

Do you have medical insurance? _____ Yes _____ No

If so, name of company and policy number: _____

Name of the primary person insured _____

Circle communicable diseases camper has had:

Measles Polio Mumps Chicken Pox Scarlet Fever Whooping Cough

When did this camper receive the following immunizations?

_____ Polio _____ Diphtheria _____ Whooping Cough _____ Tetanus Toxoid

Does camper have? (circle all that apply)

Diabetes Asthma Heart Trouble Ear Trouble Hernia HIV/AIDS
Skin Trouble Lung Trouble Allergies

Name Allergies or medications camper is allergic to _____

Name medications presently taking _____

Has camper been under medical care within the past three months? _____

If so, for what reason? _____

Is the camper currently under medical care? _____ If so, for what reason?

May be given Tylenol? _____ May be given Benadryl? _____

May be given Ibuprofen? _____ May be given aspirin? _____

Camper must be fever-free for 24 hours before allowed at camp. This is for the safety of all children.

Early Departure Policy: Only an authorized person designated on the registration form may remove a camper from camp.

Please list authorized person(s) _____

Is there anyone to whom we should NOT release your child? _____

EMERGENCY TREATMENT PERMISSION

I (parent/guardian) do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is a registered camper at Georgia Assemblies of God Summer Camp, I hereby authorize any director, team leader, nurse, lifeguard, or other responsible personnel of said camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of Georgia, when such medical or surgical treatment is necessary.

I/we have read the rules pertaining to this camp and agree to abide by them. I (parent/guardian) do hereby give permission for the camper referenced in this application to participate in all camp activities.

Parent/Guardian Signature _____

Camper's Signature _____

*****PLEASE COMPLETE BOTH PAGES OF REGISTRATION FORM*****