



Early Bird Rate: \$175 - must be received in office or postmarked by May 26, 2023.

Standard Rate will apply after this date in the amount of \$200.

## 2023 Camper Application

\* A \$25 non-refundable, non-transferrable deposit PER STUDENT must accompany this application in order to be officially registered.\*

### PLEASE PRINT:

Student's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Who do you wish to room with? \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Email (required) \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent/Guardian Cell \_\_\_\_\_ Work \_\_\_\_\_

Additional Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Local Church \_\_\_\_\_ Church Email \_\_\_\_\_

**Pastor's Signature (required)** \_\_\_\_\_ **Date of Signature** \_\_\_\_\_

### Choose Your Camp: Check one

Junior Camp (July 3-7) \_\_\_\_\_ (Ages 7-12)

Senior Camp (July 10-14) \_\_\_\_\_ (Ages 13-18)

\*A half year tolerance is allowed for each camp.\*

### FOOD ALLERGY ALERT:

Does your child have any food allergies we should be aware of? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain allergy: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAMPER COMMITMENT:**

I understand that campers are to dress and conduct themselves according to the Church of God high standards of modesty. I agree to abide by all rules, requests, and regulations of the camp and obey those over me. I understand that all medications (prescription and non-prescription) must be kept in the nurse’s station at all times. The campground will not tolerate possession of tobacco, alcohol, illegal drugs or substances, vapes, firearms, or weapons. I understand that everything I bring with me to camp may be searched to ensure the safety of all campers.

Camper’s Signature (required) \_\_\_\_\_

**MEDICAL INFORMATION:**

\*Please attach a photo of your child if he/she will be bringing medication to camp. Medications will need to be brought to camp in original packaging with instructions clearly marked (Student’s name must be on prescription medication)

Date of last Tetanus Shot \_\_\_\_\_

Reaction to any medication? \_\_\_\_ yes \_\_\_\_ no If yes, please list \_\_\_\_\_

Please list any allergies or medical problems below (food allergies must also be listed on the bottom of page 1)

\_\_\_\_\_  
\_\_\_\_\_

Doctor’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy ID / Group Number \_\_\_\_\_

Name of policy holder \_\_\_\_\_

Preauthorization required? \_\_\_\_ yes \_\_\_\_ no If yes, what limits? \_\_\_\_\_

**\*Attach a copy (front & back) of insurance card to this application**

If my child/children are exposed to COVID-19 and begin to show symptoms, I give my permission for my child to be tested for COVID-19 by the camp nurse. \_\_\_\_ yes \_\_\_\_ no. **Please note that if you mark NO and your student shows symptoms of COVID-19 or if the test returns positive, or if the student runs a fever of 100\* or more and does not break in an allotted time the student(s) will be sent home.**

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 all medical expenses incurred. I also understand that in the event that your student runs a fever and it is unable to break he/she will be sent him in order to keep ALL students safe and healthy.

Parent/Guardian Printed Name \_\_\_\_\_ Signature (required) \_\_\_\_\_

**PARENT/GUARDIAN CONSENT AND LIABILITY WAIVER:**

I hereby give my child permission to attend and participate in the 2023 Heartland Region Church of God Youth Camp. I also understand and give permission for my child’s image(s) to be used in pictures and/or promotional videos by the Heartland Region Church of God. I hereby waive, release, and discharge any and all claims, demands, and causes of action against Camp Officials, the Church of God in the Heartland Region, 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 Heartland 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 Printed Name \_\_\_\_\_

Parent/Guardian Signature (required) \_\_\_\_\_ Date of Signature \_\_\_\_\_