



Early Bird Rate: \$175 - must be received in office or postmarked by May 3, 2024.

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

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

2024 Camper Application

PLEASE PRINT:

Student's Name _____ Gender (at birth) _____ 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 (June 24-28) _____ (Ages 7-12)

Senior Camp (July 1-5) _____ (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**

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.

Parent/Guardian Printed Name _____ Signature (required) _____

PARENT/GUARDIAN CONSENT AND LIABILITY WAIVER:

I hereby give my child permission to attend and participate in the 2022 Heartland Region Church of God Youth Camp. I also understand and give permission for my child's image 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 _____