

**THE CHURCH OF GOD
NORTHEAST REGION
YOUTH CAMP APPLICATION
2018**

Name: _____ DOB _____ Age _____

Address: _____ M ____ F ____

Telephone: () _____ E-Mail _____

Parent/Guardian _____

Local church you attend? _____

Rules for acceptance or participation in the program are without discrimination based on sex, race, or national origin.

CAMP RULES: See following page of application

I understand that I am agreeing to abide by all rules and regulations of the camp. If I break any rules, I understand that I am subject to disciplinary correction, even to the point of being expelled from camp.

Signed (Camper) _____

Signed (Parent/Guardian) _____

Camp begins on Wednesday, July 19, 2016 and ends Sunday morning July 23, 2016.

CAMP TUITION: \$100.00 per camper

NOTE: A deposit of \$10 is required with this application. You may cancel up to one week before camp begins and receive a refund of your deposit. For applications received after June 30th, a late fee of \$5.00 may be charged.

Make checks payable to:

The Church of God

Mail applications to:

Alma Kelley

105 Jay Lane

Karns City, PA 16041

(724) 756-8841

CAMP RULES

The following rules apply to the campers, camp staff, and parents of campers.

1. The following clothes are NOT acceptable at any time: tank tops, or T-shirts with profane words or pictures. Lower garments (e.g., shorts, capri's) should cover the knees.
2. To the nightly church services, girls should wear dresses, or skirts, and tops with sleeves. Boys should wear jeans or slacks.
3. No one is to leave the camp grounds without the permission of the camp director or the camp deans.
4. Every camper is expected to stay within the boundaries.
5. Everyone is to be on time for all activities.
6. Campers will help clean the dorms with their counselors.
7. Campers are not permitted in the kitchen.
8. Girls are to wear a cover over their bathing suits when traveling between the swimming area and their dorms.
9. Do not bring any items that are not related to camp activities, for example, mp3 players, play stations, etc.
10. Do bring your Bibles!
11. Cell phone usage (calls, text messages, etc.) are not permitted in the classrooms or evening services. You will have designated times when you may make your personal calls – namely, after each meal, and during break times.
12. We ask any parents wishing their children to contact them during camp to respect the above rule regarding cell phone usage.
13. Respecting the privacy of our campers and staff is important; consequently, the use of cameras (including those on your cell phones, etc.) is not permitted where privacy is expected, for example restrooms and at the swimming pool.

We want to have a good time in the Lord, and to have fun and fellowship in the camp activities.

ENJOY CAMP!

James Smith, Overseer

Alma Kelley, Camp Director

CAMPER'S HEALTH FORM

This form must be completed and signed in two places before it can be accepted.

Name of Camper _____ DOB _____

In case of emergency, notify _____

Address _____

Home phone _____ Emergency (2nd) phone _____

HEALTH HISTORY

If you have had any of these conditions, please check and give details below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Poison Ivy or Oak |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> TB | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies |

Details to any items checked above:

Prescriptions currently taken? Please list name and dosage (to be overseen by the camp nurse).

Please Note: *When you sign below, you are giving permission for your camper to receive their medications during camp.*

Date received LAST received a Tetanus shot? _____

Any specific activities (e.g., swimming) to be restricted? _____

IN CASE OF MEDICAL EMERGENCY: I understand an effort will be made to contact the parent or guardian of the camper. In the event I cannot be notified, I understand that if an accident should occur, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named.

Parent/Guardian Signature: _____ Date _____
