

**THE CHURCH OF GOD
DE - MA - MD - PA
YOUTH CAMP APPLICATION
2008**

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.

THE CAMP DRESS CODE:

This is a Christian camp ministry, please dress accordingly. To the nightly church services, girls should wear dresses, or skirts and tops with sleeves. Boys should wear jeans or slacks. The following clothes are NOT acceptable: shorts, tank tops, or T-shirts with profane words or pictures.

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 2:00pm on July 24, 2008 and ends on July 28, 2008 at 3:00pm.

CAMP TUITION: \$75.00 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 July 12th, 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

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 _____
