

# 2019 Youth Camper Application

PLEASE PRINT CLEARLY AND FILL OUT ALL SECTIONS.

YOUTH LEADER PLEASE ENTER THIS INFORMATION ONLINE AND BRING ORIGINAL SIGNED FORM TO CAMP

First Name	Last Name	Age / Date of Birth	Gender @ Birth	Grade (Fall 18)
Mailing address		City	State	Zip
Home Phone ( ) -	Parent E-Mail Address	Emergency Number or Parent Cell ( ) -		
Parent/Guardian Name	Parent/Guardian Work Number ( ) -			
Sr. Pastor Lowell Perkins	Youth Pastor Lisa Howard			
Church Attending with First Assembly	Church City Jefferson City	So. Mo. A/G church? Yes No		

To ensure you get signed up for the camp you would like to attend, please sign up online ASAP. Beds are limited for each camp and they will be assigned on a first come, first served basis. Walk-ons may not be housed with the rest of your group.

PLEASE MARK WHICH CAMP YOU WOULD PREFER TO ATTEND.

June 5-8 (Half Week)     June 10-14(Full Week)     June 17-21 (Full Week)     June 24-28 (Full Week)

**Camper Registration must be returned to Pastor Lisa Howard by May 5, 2019**

### IMPORTANT INFORMATION

\*TOTAL COST for So. Mo. A/G Church = \$160 (Full) \$124 (Half)

\*LATE FEE = \$25.00 If received after May 13, 2019. NO EXCEPTIONS. Registration is transferable.

~~\*TOTAL COST for non-So. Mo. A/G CHURCH = \$185 (Full) \$149.00 (Half)~~

\*Phone and Email registrations will not be accepted for any of the camps.

\*\*\* PLEASE DO NOT send an incomplete application. Incomplete forms will incur a \$5 fee for follow up phone calls.

Complete the Check list:      Personal Info,    Health info,    Parent &    Camper signature    Payment

**Please return all application and fees to Pastor Lisa Howard by May 5, 2019, or a late fee of \$25 will be added.**

All fees are transferable to a replacement camper, but not fully refundable. We will charge a \$25 no show fee for campers who do not come to camp, but have registered. Their registration can be transferred to a replacement with no charge, but if left unfilled the fee applies.

Full SoMo AG Registration--\$160/\$124: \_\_\_\_\_

Nurses Fee (Campers Requiring Meds)---\$5: \_\_\_\_\_

Late Fee---\$25: \_\_\_\_\_

**Total Enclosed:** \_\_\_\_\_

Insurance Carrier	Insurance Phone Number ( ) -
Policy Number	Group Number
Insured's Name	Insured's Social Security #

Are all immunizations current with State Law?    Yes    No  
 My Camper may be given over-the-counter, non-prescription medications or applications, not to exceed recommended dosage for; stomach discomfort, burns, cuts, insect bites, rash, aches, fever, cough, congestion, etc.    Yes    No

List Exceptions \_\_\_\_\_

Does Camper have:    Heart Trouble    Seizures    Asthma    Hernia  
                                   Diabetes            Lung Trouble    HIV/AIDS    Allergies  
                                   Other \_\_\_\_\_

Please explain checked items AND list any medication (name/dosage/instructions) the camper is taking.

All medications, prescriptions, and over the counter drugs must be collected by the CHURCH Leader and brought to the camp nurse at REGISTRATION in their ORIGINAL CONTAINER

**Medication Administration Record- A \$5 Nurses Fee will be assessed to campers requiring medication**

Write in times and check days camper is to be given this medication. If these requirements change, please notify us. Write additional meds on a separate page

Name of Medicine _____	Name of Medicine _____	Name of Medicine _____
Exact Dosage _____	Exact Dosage _____	Exact Dosage _____
For Treatment of _____	For Treatment of _____	For Treatment of _____

Time	Mon	Tue	Wed	Thur	Fri	Time	Mon	Tue	Wed	Thur	Fri	Time	Mon	Tue	Wed	Thur	Fri

**Doctor's Signature** \_\_\_\_\_ OR a note attached with release for participation. (Required with serious health problems. Included are: severe allergies, seizures, diabetes, mental and emotional health issues.)

**EMERGENCY TREATMENT PERMISSION/COOPERATIVE AGREEMENT**

As parent or guardian, I have given permission for my child to attend camp, and I hereby authorize and request any doctor, medical clinic or hospital emergency room physician to administer such treatment and to do any procedure in their judgment that may be necessary. I fully understand that the camp insurance is secondary coverage with a maximum benefit of \$5,000 per incident, and that I will need to file my own insurance first. I also understand that the camp insurance covers ACCIDENTS ONLY and that I accept full responsibility for any charges related to causes other than accidents, or charges beyond the \$5,000 maximum of the camp insurance. I also hereby give permission to the Dorm Leader and/or other member of the camp staff to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents. Permission is given to SMDC Assemblies of God to use photographs (individual or group) and/or multimedia images and recordings in the best interest of SMDC Assemblies of God.

**Parent/Guardian Signature** (required regardless of age) \_\_\_\_\_ Relationship \_\_\_\_\_

Your signature signifies you understand and support your student's involvement in the Southern Missouri District Camp and will abide by all of the guidelines set by Southern Missouri District. (Read *Information Sheet*).

Is there any information we should have regarding the welfare of this camper (handicaps, restrictions on activities, diets, allergies, diabetes, mental or emotional issues, etc..)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Camper's Name \_\_\_\_\_ Church & City \_\_\_\_\_