

THE CHURCH OF GOD

Florida /Georgia Camping Ministries-Camper Application

July 6th-11th 2008

Please List Shirt Size

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Name:		Date of Birth:	Age:	Sex:
Address:		Parent Guardian:		
City	State	Zip:	Phone	
E-mail:	Emergency Contact:		Phone:	

CAMP TUITION: \$95.00 Includes shirt, snack, Pictures

Juniors: ages 7-11

Seniors: ages 12-25

Extra snack cards and Pictures can be purchased

Snack Cards- \$5.00 each

Camp Picture- \$1.00 each

Extra shirt can be purchased for \$12.00 while supply last

Please send a non-refundable \$5.00 deposit per camper. The remaining tuition will be due at check-in.

Mail applications to:
Lawrence Munoz
1180 51st ST NE
Cleveland, TN 37312

If you have questions call or e-mail Lawrence Munoz:
(423) 284-5404
Lamunoz265@msn.com

STATEMENT: I understand that The Church of God is interested in the spiritual & physical growth of my child. I do desire that my child participate in the full camp program & all of the camp activities unless I notify you otherwise in writing. **I have read and made my child aware of the camper conduct guidelines.** In the event of accident or illness, I hereby authorize the camp nurse or camp staff to administer first aid to my child until proper medical attention can be attained.

Parent/Legal Guardian

Date

STAFF USE ONLY	
Tuition	\$95.00
Snack \$5.00..X_____	
Picture	
Total	
Deposit	
Amount Due	
Paid by: Check _____ Cash _____ Other: _____	

Staff Use Only Counselor _____
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Medical Information

Health History (Check all that apply to you)		Epilepsy	Diabetes	seizers	Kidney Trouble	Asthma
Heart Trouble	Rheumatic Fever	Sleep Walking	Allergies: (Ivy, Poison Oak, Ect)		Date of Last tetanus shot:	
Allergies:(medication)	If yes please specify:					
Are you currently taking any medication?	If yes please specify:					
Are you currently on a special diet?	If yes please specify:					
Do you have health Insurance		Insurance Company		Policy#		
Name of Primary Policy Holder				Phone:		

List any physical restrictions and reason:

List all medications to be taken by camper during camp; please list dosage and frequency. All medication is to be given to camp Director or designated person during registration.

I understand that my child, _____

Is attending and participating in The Church of God FL/GA Youth Camp in , GA,
July 6th-11th 2007

I also understand that any major medical or accident insurance that covers my child shall be used as the primary coverage in the event of an accident, injury or illness while attending camp. If and when those benefits are exhausted, the accident, injury or illness policy provided by The Church of God Camping Ministries in FL/GA will pay whatever benefits are stated in the policy. If my child has no health or accident coverage of any kind, I understand that the policy provided by said church camping ministries will pay whatever benefits are stated in the policy, and that I will be responsible for any outstanding charges.

Furthermore, I understand that in the event of an accident, injury or illness, I will not hold liable, or file suit to recover damages of any kind from, any party involved.

I have read the above disclaimer. I agree to adhere and abide by all that is stated iii said disclaimer.

Signature of Parent or Legal Guardian

Date