

**THE CHURCH OF GOD  
FLORIDA – GEORGIA  
YOUTH CAMP APPLICATION**

**For Office Use Only**

Date Received \_\_\_\_\_  
Date Acceptance Letter Mailed \_\_\_\_\_

DEPOSIT AMOUNT \_\_\_\_\_  
CHECK # \_\_\_\_\_ CASH \_\_\_\_\_

BALANCE DUE \_\_\_\_\_  
CHECK # \_\_\_\_\_ CASH \_\_\_\_\_

Counselor \_\_\_\_\_

AGES: Juniors: Ages 7-11  
Seniors: Ages 12-25

DATES: July 5 – 11, 2009

THEME: *“Holding Fast the Faithful Word” – Titus 1:9*

LOCATION: Coastal Empire Campground  
Hiltonia, GA  
(A map to the campground will be mailed with acceptance letter)

TUITION: **\$110.00 Includes Camp Picture and Snack Card**  
Additional snack cards & pictures may be purchased  
Snack Cards - \$5 each / Camp Pictures - \$1 each

DEPOSIT: **\$20.00 non-refundable deposit is required with this application**  
**APPLICATIONS MUST BE RECEIVED NO LATER THAN JUNE 1<sup>st</sup>.**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE # ( ) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ CURRENT AGE \_\_\_\_\_ MALE \_\_\_ FEMALE\_\_\_ PARENT/GUARDIAN \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ TELEPHONE # ( ) \_\_\_\_\_

PASTOR’S NAME \_\_\_\_\_ LOCAL CHURCH \_\_\_\_\_

SAVED? YES \_\_\_ NO \_\_\_ SANCTIFIED? YES \_\_\_ NO \_\_\_ BAPTIZED WITH THE HOLY GHOST? YES \_\_\_ NO \_\_\_

IF DIFFERENT FROM PARENT/GUARDIAN, PLEASE PROVIDE NAME OF PERSON WHO HAS PERMISSION TO PICK UP CAMPER \_\_\_\_\_

**RULES FOR ACCEPTANCE AND PARTICIPATION IN THE CAMPING PROGRAM ARE THE SAME FOR EVERYONE WITHOUT REGARD TO RACE, COLOR, OR NATIONAL ORIGIN.**

I understand that when I sign this application, I am agreeing to abide by all rules, guidelines and regulations of the camp. If I break any rules I understand that I am subject to disciplinary correction even to the expelling from camp.

Signature of Camper \_\_\_\_\_ Date \_\_\_\_\_

I understand that The Church of God is interested in the spiritual and physical growth of my child. I desire for my child to participate in the full camping program and all of the camp activities unless I notify the Camp Director in writing. **I HAVE READ AND MADE MY CHILD AWARE OF THE CAMPER CONDUCT GUIDELINES ATTACHED.** In the event of an accident or illness, I authorize the Camp Nurse or Camp Staff to administer first aid to my child until proper medical attention can be attained.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Completed application with deposit should be mailed to be received no later than June 1, 2009 to:**

LAWRENCE MUNOZ, CAMP DIRECTOR  
1180 51<sup>ST</sup> STREET, NE  
CLEVELAND, TN 37312  
(423) 284-5404  
email: lamunoz265@msn.com

NOTE: If you would like to be in the same cabin with a friend, please list friend’s name \_\_\_\_\_

NO CHANGES WILL BE MADE AT CAMP  
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*Please complete Camper’s Health Form on reverse side*

## CAMP CONDUCT GUIDELINES

1. Please feel welcome and enjoy the use of the campground, but remember this is not your home. This is a special camp set up for you to come and glorify the Lord Jesus Christ and develop a closer walk with Him. We must treat the campground and all its contents with respect.
2. DO NOT leave the camp premises for any reason.
3. ITEMS NOT ALLOWED: (NO EXCEPTIONS)
  - No water balloons or practical joke items
  - No CD players or radios
  - No cell phones or iPods
  - Shaving cream is to be used for shaving only!
4. Respect the rights of others. Do not use anything belonging to another camper without permission. If you borrow an item, return it as soon as possible. DO NOT BORROW OR SHARE COMBS, BRUSHES OR HATS!
5. Every camper will be assigned certain jobs throughout the week. Be quick, cheerful, and respectful to complete the task.
6. It is important to arrive on time at all scheduled activities. One (1) whistle means make your way to the activity / two (2) whistles mean you should be at the designated area. Everyone will remain at the scheduled activity (class, music, etc.) until dismissed by the staff member in charge. If you need to go to your cabin during an activity, you must obtain permission.
7. Listen carefully to the requests of the staff and follow instructions.
8. NO ROUGH PLAYING – NO EXCEPTIONS!
9. DRESS CODE – NO EXCEPTIONS!
  - ✓ **GIRLS:** Dresses/skirts are required for evening services and must be below the knees. Slacks must come all the way to the ankles.
  - ✓ **BOYS:** Jeans or slacks must come all the way to the ankles.
  - ✓ **THE FOLLOWING CLOTHES ARE NOT ACCEPTABLE:** No shorts, tank tops, sheer fabrics, dresses or skirts above the knees, no skorts or capris, no short tops that expose the stomach, no clothing with back showing, no sleeveless tops, no tight-fitting clothing, no low riding waistlines, and no T-shirts with profane words and/or pictures. A final decision about appropriate clothing will be made by the camp director. As well, while in the main area of the cabin, please be appropriately dressed at all times (regular clothes, pajamas, robes, etc.).
10. DISCIPLINE: 1<sup>st</sup> Warning – Staff and camper will resolve issue  
2<sup>nd</sup> Warning – Camper will be disqualified to participate in favorite activity  
3<sup>rd</sup> Warning – Parents will be called and camper will be expelled from the camp

To discipline means to “teach”. These guidelines are given to help teach us to cooperate and respect each other. When we treat each other as we would like to be treated, everyone has a great time!

## MEDICAL INFORMATION

**This form must be completed in its entirety and signed in two places by the Parent/Guardian of the camper before application can be accepted.**

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ In case of accident/injury/illness or emergency, if Parent/Guardian cannot be reached, please notify the following person \_\_\_\_\_

Emergency contact telephone # \_\_\_\_\_

**HEALTH HISTORY OF CAMPER**

Check all that apply

Rheumatic Fever \_\_\_\_\_ Tuberculosis \_\_\_\_\_ Convulsions \_\_\_\_\_ Fainting \_\_\_\_\_ Sugar Diabetes \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Kidney Problems \_\_\_\_\_ Sleep Walking \_\_\_\_\_ Epilepsy \_\_\_\_\_ Asthma \_\_\_\_\_ Ivy, Poison Oak \_\_\_\_\_  
Recent operations or illnesses \_\_\_\_\_

Allergic reactions to: Bee Stings \_\_\_\_\_ Penicillin \_\_\_\_\_ Other Drugs \_\_\_\_\_

Is camper currently taking any medications? Yes \_\_\_ No \_\_\_ IF YES, ALL MEDICATION IS TO BE GIVEN TO CAMP DIRECTOR OR DESIGNATED PERSON DURING REGISTRATION.

Please list all prescription medications (RX) to be taken during camp; PLEASE LIST DOSAGE AND FREQUENCY.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Please list any over-the-counter medications (OTC) to be taken during camp

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Is camper currently on a special diet? Yes \_\_\_ No \_\_\_ If yes, please describe \_\_\_\_\_

Any specific activities to be restricted? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

IMPORTANT: Date of last Tetanus shot \_\_\_\_\_

Do you have health insurance? Yes \_\_\_ No \_\_\_ If yes, please advise:

Medical Insurance Company Name \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

I understand that any major medical or accidental 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 Florida/Georgia 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.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

In case of a medical emergency I understand an effort will be made to contact the parent or guardian of the camper. In the event I cannot be reached, the above indicated emergency contact will be notified. In the event that named person cannot be reached, I understand (that should any accident/injury/illness occur), I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for my child as named above.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_