

# Mississippi Church of God Summer Camp

## 2009 CAMPER APPLICATION

### 212 One More Degree

**Rush to: Youth Camp 2009, 4655 Terry Road, Jackson, MS 39212. A \$25.00, pre-registration fee must accompany this completed application in order for you to be officially pre-registered! All fees are non-refundable, but transferable to someone else!**

#### PLEASE CHECK WHICH CAMP YOU WILL ATTEND

<input type="checkbox"/>	Senior High Camp	Ages 15 - 18	June 15 - 19, 2009
<input type="checkbox"/>	Junior High Camp	Ages 12 - 14	June 22 - 26, 2009
<input type="checkbox"/>	Junior Camp	Ages 10 - 11	June 29 - July 3, 2009
<input type="checkbox"/>	Primary Camp	Ages 7 - 9	July 6 - 9, 2009

A six month tolerance is permitted for each camp. For example, if your 6-year-old will be 7 by Dec. 31, your child may go to Primary Camp. If your 9-year-old will be 10 by Dec. 31, your child may attend both Primary Camp and Junior Camp, etc. A separate application must be filled out for each camp.

#### REGISTRATION FEE (check the one that applies)

A \$25.00 pre-registration fee must accompany all applications

**ALL CAMPS:** Please mail all household applications together.

Postmarked by April 30, 2009  \$110.00  \$100.00 for each additional child in your household

Postmarked after April 30, 2009  \$120.00  \$100.00 for each additional child in your household

Walk-On  \$130.00

Please list family member(s) of the same household and camp attending. \_\_\_\_\_

Credit Card - MC/VISA/Discover # \_\_\_\_\_ Name on card \_\_\_\_\_

Expiration Date \_\_\_\_\_ Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(If different from camper's address; need street number, street, city, state, zip, no P.O. Box #'s)

#### PERSONAL INFORMATION (please print all information)

Name \_\_\_\_\_ Male  Female  Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Parent/Guardian Work or Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ Local Church \_\_\_\_\_ **Pastor's Signature** \_\_\_\_\_

Tee Shirt Size: \_\_\_\_\_ Who do you wish to room with? \_\_\_\_\_

#### MEDICAL INFORMATION (If camper has medical problems or needs medication, please attach a picture of them for the nurse.)

Date of last Tetanus Shot \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Please list any Allergies or Medical Problems \_\_\_\_\_

Any reaction to medication? Yes  No  If yes, list: \_\_\_\_\_

Parent's Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Please provide a copy of Insurance card (front and back).

Pre-authorization required? Yes  No  If yes, what limits? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Parents Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I understand that the Camp Insurance Policy provides secondary coverage, and I must provide primary coverage for my child. I accept all financial responsibilities for medical costs. **Parent/Legal Guardian please sign:** \_\_\_\_\_

#### CAMPER COMMITMENT

Camper's are to dress according to the Church of God high standards of modesty. If accepted, I will abide by the rules and regulations of the camp and obey those over me. **CAMPER SIGNATURE:** \_\_\_\_\_

#### PARENT/GUARDIAN CONSENT SIGNATURE

In the event that my child has a spiritual experience with Jesus Christ at Youth Camp, I give permission for my child to be baptized in water during the Youth Camp water baptism service. Please check one of the boxes:  yes  no

I hereby give my child permission to attend and participate in the Mississippi Church of God Youth Camp 2009. I hereby waive, release, and discharge any and all claims, demands, and causes of action against Camp Officials, the Church of God in the state of Mississippi, and the International Offices, Cleveland, TN, their agents, employees, and participants arising from any damages, property loss, or injury my child may sustain at the Mississippi Church of God Youth Camp. I further consent to allow Camp Officials to seek and obtain emergency medical treatment for my child should my child need medical treatment.

Parent/Guardian Signature Required

Date of Signature

#### OFFICE USE ONLY

Postmarked \_\_\_\_\_

Camp Fee \$ \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Scholarship \_\_\_\_\_

Camp Choice \_\_\_\_\_

Room Assignment \_\_\_\_\_

Confirmation Mailed \_\_\_\_\_