

Church of God of Prophecy MN Camp Application

Please print and fill out completely. A deposit of at least \$20.00 must accompany application. (This amount is applied towards tuition, but is non-refundable.) Please make checks payable to **The Church of God of Prophecy**.

ALL APPLICATIONS MUST BE RETURNED BY July 10, 2015. SPACE IS LIMITED!

Check or Money Order. Please do not send cash \$ _____
(Amount sent with application)

CAMP: Your child will be attending the following camp: (Please check one below)

- _____ **Junior Camp (ages 10 – 13) \$110.00** Walk in camp registration \$120.00 **JULY 29-AUGUST 1**
(Check in time-10am Check out time 4pm)
- _____ **Pee Wee Camp (ages 5 – 9) \$85.00** Walk in camp registration \$ 95.00 **AUGUST 2-4**
(Check in time 10am check out time 10am)
- _____ **Teen Camp (ages 14-19) \$50.00** Walk in camp registration \$60.00 **AUGUST 4-6**
(Check in time 1pm Check out time 11am)

Name _____ Nickname _____

Circle: Male/Female Grade Next Fall _____ Birthdate _____ Age _____

Address _____ City _____ State _____ Zip _____

Parent or Guardian _____ Telephone (____) _____

In Case of Emergency notify _____ Telephone (____) _____

Church Attending _____ Pastor's Name _____

DROP OFF: For the sake of all the children, camper must be free of contagious illnesses (for example: fever, strep throat, chicken pox, lice, poison oak/ivy, etc.) The camp reserves the right to inspect any campers for the above conditions. If your child appears to have an illness, your child will not be allowed to stay.

PICK UP:

Person who will pick up camper at the end of camp: _____

Relation to Camper _____

****PHONE CALL AND WRITTEN NOTE REQUIRED IF CAMPER IS TO BE RELEASED TO ANYONE OTHER THAN PERSON NAMED ON THIS FORM**

CAMPERS: Please read and sign the following statement:

By signing this statement you are agreeing to participate fully in the program and activities offered by Camp. If accepted, I will participate in the Camp program and follow all the rules. I understand that the use or possession of tobacco, illegal drugs, and/or alcohol will result in my immediate dismissal from camp. I will not bring a cell phone or other communication device.

Camper's Signature _____ Date ____/____/____

PARENTS: Please read and sign the following statement:

In case of emergency, I give permission for the Camp staff to select a physician and seek medical treatment for my child. I give permission for my child to receive over the counter medication from the camp nurse following physician guidelines. I give permission for photographs of my child to be used for promotional purposes by the camp. I understand that I am financially responsible for property damages caused by my child's behavior.

Parent's Signature _____ Date ____/____/____

Mail form to: Mattie Dahl, 7609 Unity Avenue North, Brooklyn Park MN 55443 (612) 578-9522

PLEASE COMPLETE BOTH SIDES OF APPLICATION

Emergency Care Information (Camper)

In case of a serious medical emergency or illness, camp personnel will call 911. Completing this form will allow us to have accurate information for our records and speed emergency care according to your wishes. *Note: Should any medical emergencies arise; Emergency contact listed on this form will be called.*

MEDICAL INFORMATION

Health History – Check all that apply to camper:

- Epilepsy
- High Blood pressure
- Diabetes
- Heart Trouble
- Convulsions
- Rheumatic Fever
- Asthma
- Serious Ivy, Oak or Sumac poisoning
- Kidney Trouble
- Allergic to bee/wasp stings
- Allergic reactions to: Penicillin, other drugs, list

- Date of last tetanus shot: _____
 - We do not have any Hospital Insurance
 - We do have Hospital Insurance
- INSURANCE COMPANY _____
- POLICY NUMBER _____

Please list any illnesses or injuries camper has had within the last 12 months or any chronic condition still in existence. _____

Personal physician: _____ Phone: _____

Dentist Name: _____ Phone: _____

Special Instructions:

1. If your child is taking medications for health reasons, please state on the lines below as to how and when the medications should be administered. This will be done as you have instructed.

List **all prescription medications** you plan to **send with your child** and the reasons s/he takes them (attach extra sheet if necessary)

Medication	Dosage	Time Given	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THE STATE OF MINNESOTA REQUIRES YOU FILL OUT THE FOLLOWING NECESSARY INFORMATION FOR OUR RECORDS INVOLVING YOUR CHILD'S CARE.

1. I give permission for Syrup of Ipecac to be administered in case of emergency under supervision of the poison control center. _____ YES _____ NO
2. I give permission for bug spray to be used on my child. _____ YES _____ NO
3. I give permission for non-aspirin pain reliever to be administered. _____ YES _____ NO

For the sake of the camper and the counselors, please give us special instructions if camper has a problem with bed-wetting. (This is strictly confidential) _____

Are there any restrictions of camper's activities? Instructions: _____

I understand that if any accident should occur, or any sickness, which I may have for which, the camp insurance does not provide, it is my responsibility and the camp/church will not be liable for any of the expenses incurred in such case. I have completed and read the above information.

Signature of Parent or Guardian

Date signed