

VIRGINIA CHURCH OF GOD YOUTH CAMP 2017 CAMPER APPLICATION

CHURCH OF GOD YOUTH CAMP
PO BOX 7547 ROANOKE, VA 24019
(540) 362-1549 x 2
youth@vacog.org
camp.vacog.org

ALL PAPER APPLICATIONS MUST INCLUDE A \$5.00 PROCESSING FEE PER APPLICATION IN ADDITION TO THE CAMP FEES.

Before you begin, please download and read a camp information packet from camp.vacog.org. I certify that I have read the 2017 Youth Camp Information Packet: Yes No

CAMPER INFORMATION (Please print all information clearly. Only one camper per form.)

Please check one: <input type="checkbox"/> New Camper <input type="checkbox"/> Returning Camper			
Camper Full Name (First, Middle, Last, Suffix)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: (MM/DD/YYYY) / /	Age at start of camp:
Home Address:	City:	State:	Zip Code:
Camper's Email Address (if applicable):			
Camper lives with:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other _____	
Provide names of a preferred cabin leader and two cabinmates. The administrative staff will try to fulfill these requests but cannot guarantee placement with the requested individuals.			
Cabin Leader Request	Cabinmate Request 1	Cabinmate Request 2	

PARENT / LEGAL GUARDIAN INFORMATION

Parent / Legal Guardian Full Name (First, Middle, Last, Suffix)			
Relationship to camper:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Other _____		
Primary Phone: ()	Secondary Phone: ()		
Parent/Guardian Email Address:	What church are you attending camp with?		

ALTERNATE EMERGENCY CONTACT INFORMATION

In case of emergency, the above listed parent/legal guardian is contacted immediately.
Please provide an alternate person that we can contact if an emergency arises and the above listed individual cannot be reached.

Emergency Contact Name: (First Middle, Last, Suffix)			
Relationship to camper:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Brother/Sister	<input type="checkbox"/> Pastor	<input type="checkbox"/> Other _____
Primary Phone: ()	Secondary Phone: ()		

MEDICAL INFORMATION- GENERAL HEALTH HISTORY

Does the camper have a recurrent/chronic illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the camper is female, does she have problems with periods/menstruation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the camper had a recent injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the camper have problems with falling asleep or sleepwalking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the camper have asthma/wheezing/shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the camper have a problem with bedwetting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the camper have diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the camper have issues with diarrhea or constipation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the camper have a history of seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the camper ever been treated for ADD/or AD/HD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the camper have a history of fainting or dizziness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the camper ever been treated for emotional or behavioral difficulties or an eating disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the camper passed out or had chest pain during exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the camper seen a professional to address mental/emotional health concerns within the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the camper wear glasses, contacts or protective eyewear?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the camper had a significant life event that continues to affect the camper's life? (I.e: history of abuse, death of a loved one, family change, foster care, survived a disaster, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the camper had mononucleosis during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will the camper be bringing any medication with them to camp?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the camper have any known allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the camper have dietary restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide details about any of the General Health History questions to which you answered "Yes" (Please use an additional sheet of paper if necessary)

I give the camp nurse permission to dispense the following over the counter medications to my child:

<input type="checkbox"/> Antihistamine (Benadryl)	<input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Topical Ointments (Neosporin)	<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Antacid (TUMS)	<input type="checkbox"/> Eye Drops (Visine)
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Use this area to share any health-related information that has not been addressed by this application:

Health Insurance Company:	Policy #:	Primary Care Physician:	Phone Number: ()
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Please attach a photocopy of the front and back of your insurance card.

MEDICAL INFORMATION (CONTINUED)					
Complete the medication dispensing chart if your child will bring medication to camp. Forms can also be downloaded from camp.vacog.org. Medication is any substance taken to maintain or improve health, including vitamins and natural remedies. Review the camp packet for required packaging/containers. Provide enough of each medication to last camper's entire stay.					
Name of Medication	Date Started	Reason for taking	When is it given	Amount or dosage given	How is it given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
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			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		

CAMP REGISTRATION FEE

- The camp registration fee includes a t shirt and one \$10.00 armband.
- All rates include a deposit of \$50 which is non-refundable and non-transferable.
- Paper applications must include a \$5.00 processing fee per application in addition to camp fees.
- Select a camp session and enter the appropriate fee in the COST column

CAMP SESSION (Only one per application)	DATES	AGES	REDUCED Received by May 5 at 4:00PM	REGULAR Received by June 9 at 4:00PM	WALK ON Received after June 9 at 4:00PM	COST	
<input type="checkbox"/> EXTREME (15-18)	July 3-7	15-18	\$150.00	\$175.00	\$200.00	\$	
<input type="checkbox"/> VELOCITY (12-14)	July 10-14	12-14	\$150.00	\$175.00	\$200.00	\$	
<input type="checkbox"/> ADVENTURE (9-11)	July 17-21	9-11	\$150.00	\$175.00	\$200.00	\$	
<input type="checkbox"/> DISCOVERY (6-8)	July 24-27	6-8	\$140.00	\$165.00	\$190.00	\$	
Select a t shirt size:	<input type="checkbox"/> Youth Small (6-8) <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult XL		<input type="checkbox"/> Youth Medium (10-12) <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult 2XL		<input type="checkbox"/> Youth Large (14-16) <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult 3XL		\$ 0.00

Paper Processing Fee (must be included with all paper applications) \$ 5.00

CAMP EXTRAS (Full payment for any extras must be included for items to be reserved)

Additional armbands for use at concession stand or camp store (Each camper receives one armband with their registration)	Quantity _____ X \$10.00	\$
Camp Picture (8"x10" print)	Quantity _____ X \$5.00	\$
Camp DVD (Compilation of video captured throughout the camp session)	Quantity _____ X \$15.00	\$
Donation to the Maggie Hollifield Camp Scholarship Fund (Used to assist students to attend camp)		\$

TOTAL COST \$

PAYMENT ENCLOSED WITH APPLICATION (Minimum payment = \$50.00 +\$5.00 paper processing fee + cost of any camp extras)

MINIMUM \$50 NON-REFUNDABLE DEPOSIT IS REQUIRED WITH EACH APPLICATION The deposit is applied to the total cost of camp registration fees. The remaining balance can be paid on / before the opening day of your camping session. If you pre-purchase camp extras, you must enclose payment for items in addition to your deposit. Items will NOT be reserved without accompanying payment.	PAYMENT TYPE		\$
	<input type="checkbox"/> Cash	<input type="checkbox"/> Master Card	
	<input type="checkbox"/> Check #	<input type="checkbox"/> VISA	
	<input type="checkbox"/> Money Order	<input type="checkbox"/> AMEX	

REMAINING BALANCE (SUBTRACT ENCLOSED PAYMENT AMOUNT FROM TOTAL COST) \$

AUTHORIZATION TO CHARGE CREDIT CARD

By providing credit card information, I authorize the Virginia State Office to charge my credit card for the amount above.

Cardholder Name:	Card Number:	Exp. Date:	Sec. Code:
		/ /	
Billing Address:	City:	State:	ZIP Code:

PARENTAL CONSENT

I hereby give my child permission to attend and participate in Virginia Church of God Youth Camp 2017. I hereby waive, release, and discharge any and all claims, demands, and causes of action against Camp Officials, the Church of God in Virginia, and the International Offices of the Church of God, their agents, employees, and participants arising from any damages, property loss, or injury my child sustains at Virginia Church of God Youth Camp. I give permission for photos or video of my child to be used for promotional purposes. I further consent to allow Camp Officials to seek and obtain emergency medical or surgical treatment for my child should my child need medical treatment. I fully understand that my family's insurance is the primary carrier for all accidents incurred at camp and the camp's insurance is the secondary carrier.

Parent / Guardian Signature:	Date:
	/ /

CAMPER COMMITMENT

I will abide by all camp regulations and policies and to obey those in authority. I understand that profanity, abusive language, crude jokes, or violent behavior will not be tolerated. I understand that suggestive clothing is inappropriate for the camp environment. I will respect fellow campers and the property of others.

Camper Signature:	Date:
	/ /