CAMP ATTENDING (CHECK ALL THAT APPLY): ☐ WEEK #1 (JUNE 19-JUNE 23) ☒ WEEK #2 (JUNE 26- JUNE 30)

I AM (CHECK ONE): ☐ REGISTERING AS AN INDIVIDUAL ☒ REGISTERING WITH MY CHURCH

CHURCH CITY: Spring City, PA

CHURCH NAME: Grace Assembly

CAMPER APPLICATION

Name:	Gender at birth: ○ Male ○ Female	Birthdate:	Grade this past year:
Mailing Address:			
City:	State:		Zip:
Home Phone: ( ) -	E-mail:	Parent E-Mail:	
Youth Pastor/Leader: Chris Cudra	Senior Pastor: Clayt Sheridan		
Home Church: Grace Assembly	Church City: Spring City		

DESCRIPTION	NUMBER	PRE-REGISTRATION	AMOUNT
GROUP EARLY REGISTRATION $217 *($117 non-refundable deposit)* Postmark Deadlines: Week #1 – June 1 Week #2 – June 8		X $117 deposit	$
GROUP REGULAR REGISTRATION $255 *($155 non-refundable deposit)* Postmarked: Week #1 –June 2 or after Week #2 – June 9 or after		X $155 deposit	$
***NEW INDIVIDUAL EARLY REGISTRATION $317** *($167 non-refundable deposit)* Postmark Deadlines: Week #1 – June 1 Week #2 – June 8		X $167 deposit	$
***NEW INDIVIDUAL REGULAR REGISTRATION $355** *($205 non-refundable deposit)* Postmarked: Week #1 –June 2 or after Week #2 – June 9 or after		X $205 deposit	$
***Optional* – CAMP T-SHIRT** *(circle)*: **S M L XL XXL XXXL**		X $10 ($15 at camp)	$
***Optional* – Digital Download** *Take your Camp memories home with you! You can purchase a digital download with highlights of the week and all messages! Digital download codes will be sent after Camp.*		X $30	$
TOTAL ENCLOSED.....			$

If you are registering without a group (or in a group that doesn't have the 1/10 chaperone ratio) please select the INDIVIDUAL option

REGISTRATION CHECK-LIST Registrations cannot be processed until the following is completed:

- ☐ Completed Camper Application
- ☐ Registration Deposit or Full Payment
- ☐ Medical Information & Emergency Contact Information
- ☐ Camper Signature
- ☐ Parental Authorization Signature
- ☐ T-shirt/Digital Download Payment (if applicable)

DOUBLE-CHECK ALL DOCUMENTS FOR PARENT AND CAMPER SIGNATURES

IMPORTANT MEDICAL INFORMATION

List all medical conditions:_____

List all current medication taken:

Medication:_____ Time Taken (circle all that apply): BREAKFAST LUNCH DINNER BEDTIME

Medication:_____ Time Taken (circle all that apply): BREAKFAST LUNCH DINNER BEDTIME

Medication:_____ Time Taken (circle all that apply): BREAKFAST LUNCH DINNER BEDTIME

Medication:_____ Time Taken (circle all that apply): BREAKFAST LUNCH DINNER BEDTIME

Medication:_____ Time Taken (circle all that apply): BREAKFAST LUNCH DINNER BEDTIME

Medication:_____ Time Taken (circle all that apply): BREAKFAST LUNCH DINNER BEDTIME

List all restricted activities:_____

Allergies:_____ Type of reaction:_____

Treatment given:_____ Date of last Tetanus Shot:_____/_____/_____

Is Youth Camp Staff authorized to approve medical treatment? (circle one) **Yes** **No**

Is Participant covered by personal/family medical insurance? (circle one) **Yes** **No**

If yes, name of Insurer_____ Policy or group number_____

2017 CAMPER APPLICATION (PAGE 2 OF 2)

MEDICATIONS

I herby give permission to the camp nurse and staff to administer any of the following over the counter medications to my child as needed, in the dosage appropriate based on my child's age and size:

- ☐ Ibuprofen (Advil, Motrin)
- ☐ Aspirin
- ☐ Acetaminophen (Tylenol)
- ☐ Pepto Bismol
- ☐ Anti-Acid (Tums, Rolaids, etc.)
- ☐ Imodium AD
- ☐ Cough Drops
- ☐ Benadryl

Notes for the Camp Nurse (*Optional*):

For the safety of all campers, all medications, perscriptions, and over the counter drugs must be brought to the **Camp Nurse** at registration in their original container with written dosage & administration instructions. The **Camp Nurse** will be on-site at all events or stationed in the Infirmary to attend to the medical and medication needs of all campers.

EMERGENCY CONTACT INFORMATION

Name:_____ Relationship to Camper:_____

Cell Phone:_____ Home Phone:_____ Work Phone:_____

Parent Email: _____

PARENTAL AUTHORIZATION REQUIRED

I hereby give permission for my child to attend camp as indicated above. I further certify that this health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted. IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. I also hereby give permission to the camp counselor and/or other member of the camp staff to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents. **Note**: Camp Counselor refers to a person in charge of a group of students at camp and does not imply they are licensed to give counsel.

Permission is given to PennDel District Council of the Assemblies of God to use photographs (individual or group) and/or multimedia images, contact information and recordings in the best interest of PennDel District Council of the Assemblies of God. I give my permission for my son/daughter to participate in offsite trips.

I also give my son/daughter permission to be WATER BAPTIZED at Youth Camp.

Please sign if permission for all of the above is granted. ***(Please note: applications received without a Parent/Guardian Signature will be returned)***

Parent/Guardian Signature: _____ **Date:** _____

CAMPER SIGNATURE REQUIRED

I have carefully read the Important Information for Group Leaders, Parents, and Students document. I agree to cooperate and comply in all of these areas. I understand that violation of these areas may result in my dismissal from camp.

Camper Signature: _____ **Date:** _____

IMPORTANT NOTE: RETURN THIS COMPLETED FORM (**2 PAGES**) AND PAYMENT (MADE PAYABLE TO YOUR CHURCH) TO YOUR GROUP LEADER BY YOUR CHURCH'S DESIGNATED DEADLINE TO ENSURE YOUR CHURCH ENOUGH TIME TO PREPARE THE CHURCH ROSTER FORM.