

CAMP DATES

Aug. 14, 15, & 16th

COSTS

Regular	\$140.00
Child 4-7	\$70
Infant 0-3	\$0

NOTE: It is necessary for the parent to sign the release release of liability stated below on the application for all children 18 years of age and under.

PARENTS: Please sign all that apply to your child. Make sure that both sides of the application are completed.

Applications must be in no later than July 31st with a \$15.00 deposit.



THE CHURCH OF GOD NORTH CENTRAL FAMILY CAMP APPLICATION

Full Name:		Date of Birth:	Age:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Address:		Race:	Married: <input type="checkbox"/>	Single: <input type="checkbox"/>	Divorced: <input type="checkbox"/>
City:	State:	Zip:	Telephone:		
			Cell:		
Parent/Guardian:		Telephone:			
		Cell:			
Emergency Contact:		Telephone:			
Saved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sanctified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Filled with the Holy Ghost with the evidence of speaking in tongues: <input type="checkbox"/> Yes <input type="checkbox"/> No		Email:	
Church Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long:	Local Church:		Pastor's Name:	
We will be purchasing camp t-shirts? What size t-shirt would you prefer: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL <input type="checkbox"/> 5XL					

<p>Tuition is \$140.00 (regular) Tuition is \$70.00 (child /ages 4-7) A deposit of \$15.00 must be enclosed with application. Amount enclosed: \$ _____</p> <p><i>Other Activities:</i> (Check if interested)</p> Horseback riding _____ Boating _____ Archery _____ Fishing _____ Paintball _____ (must have a licenses and own items)	<p><u>DRESS CODE:</u></p> <p>I _____, the camper, agree to abide by all the rules of Christian conduct as laid out by Phantom Ranch Bible Camp and The Church of God. I agree to honor the Dress Code: Godly, modest apparel. <i>No shorts, tank tops, shirts above the waist, skirts above the knees, or immodest swimsuits.</i> Parents, please it is important that your children heed to the dress code.</p> <hr/> <p>*Signature of parent required for all under 18 years</p>
<p>It is agreed and understood that I/my child* will participate in all camp activities at my/his/her own risk and release The Church of God and Phantom Ranch Bible Camp of all liabilities.</p>	<hr/> <p>*Signature of parent required for all under 18 years</p>

Health Information: (Check all that apply to camper)							
Epilepsy	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
						Kidney Trouble	<input type="checkbox"/>
						Fainting	<input type="checkbox"/>
						Tuberculosis	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Sleep Walking	<input type="checkbox"/>	Serious Ivy, Oak or Sumac Poisoning	<input type="checkbox"/>
						Allergic to Bee/Wasp Stings	<input type="checkbox"/>
						Other:	<input type="checkbox"/>
Allergic to any medications?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please specify:			
Are you presently on a special diet?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:			
Important... Date of last tetanus shot:							
Please list any medications that will need to be taken by the camper during camp time. Include frequency and dosage. All medications must be given to the Camp Director or designated Staff Member at time of registration. All medications must be administered by the designated Staff Member.							
Any specific activities to be restricted and reason?							
Do you have hospital insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				Insurance company name:		Policy #:	
Name of primary policy holder:						Telephone:	

In case of Medical Emergency: I understand every effort will be made to contact the parent or guardian of the camper should an accident occur. In the event the parent or guardian cannot be reached, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child, as named above. I agree not to hold The Church of God – North Central Region and Phantom Ranch Bible Camp liable for any illness or mishap from any cause whatsoever which may be sustained.

*Signature of Parent or Guardian: _____ Date: _____

I understand that the expense for any accident that my child might incur or any sickness that my child may have will be my own responsibility, and that the camp will not be held liable for any expense in such case.

*Signature of Parent or Guardian: _____ Date: _____

<i>For Office Use Only</i>			
Received		Notified	
Tuition Due		T-shirt	
Counselor		Activity	
		Activity	