

# Michigan Summer Outbreak Application Youth Camp 2017



Church of God Camp Grounds ♦ 6317 Old US 23 ♦ Fenton, MI 48430  
(810) 629-0460 ♦ Fax (810) 629-0693 ♦ www.michigancog.org

**Please Print All Information**

Name: \_\_\_\_\_  
(Last Name) (First) (Middle) (Name Called At Home)

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

E-mail: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birthdate: \_\_/\_\_/\_\_ Boy\_\_ Girl\_\_ Grade in September: \_\_\_\_ **One Room-Mate Request:** \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Guardian: \_\_\_\_\_

Cell # Father (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mother (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Church & Address: \_\_\_\_\_ Member? Yes \_\_ No \_\_

**Check The Camp Attending**

Rates listed below are based on a pre-registration date of May 15, 2017. The cost for all applications postmarked after May 15th will be \$165. All walk-ons will be \$180.

<u>Sr. High Camp</u> June 26-30 Age 14-19 Price \$140  <input type="checkbox"/>	<u>Jr. High Camp</u> July 3-7 Age 11-13 Price \$140  <input type="checkbox"/>	<u>Kids Camp</u> July 10-14 Age 7-10 Price \$140  <input type="checkbox"/>
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**Register by May 15, 2017 and receive a FREE Camp T-shirt**  
 Free T-shirt Size (**Please Circle One**) YS YM YL S M L XL XXL

\*We are happy to offer an additional early bird discount for multiple campers within the same immediate family. For example: 1st camper \$140, 2nd camper \$130, 3rd camper \$120, 4th camper \$110, and so on. This discount will only be available until May 15th. After May 15th each camper will be \$165.

**Payment Information**

• MC  
• Visa

**CREDIT CARD PAYMENTS**

Amount Applied: \$ \_\_\_\_\_

(Credit Card Number)

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(Exp. Date)

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(Security Code- 3 digit number on back)

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**CASH, MONEY ORDER OR CHURCH CHECK**

**Please make check payable to:**  
**Church of God in Michigan**  
**Church of God in Michigan**  
**Youth Camp**  
**6317 Old US 23**  
**Fenton, MI 48430**

**Mail To:**

**Please choose one of the following payment options:**  
 \_\_\_ \$25 Non-Refundable Deposit  
 \_\_\_ \$140 Early Registration  
 \_\_\_ \$165 After May 15, 2017

**Multiple Camper's per family \*(Until May 15th)**  
 1st \_\_\_ \$140 2nd \_\_\_ \$130 3rd \_\_\_ \$120 4th \_\_\_ \$110

**APPLICANT NOT TO WRITE IN THIS SQUARE!**

<b>Date Rec'd</b>	<b>Confirmation Sent</b>	<b>Registration Fee Paid</b>	<b>Balance Owed</b>	<b>Cabin Assignment</b>	<b>Received By</b>	<b>Balance Received In Cash ___ Check ___ Charge ___</b>
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**Medical Information**

Name: \_\_\_\_\_  
(Last Name) (First) (Middle) (Name Called At Home)

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Father/Mother/Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Emergency # (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

1. Does the camper have allergies? Yes \_\_\_ No \_\_\_ If so, list & explain \_\_\_\_\_

2. Does the camper have any serious medical problems? Yes \_\_\_ No \_\_\_ If so, list & explain \_\_\_\_\_

3. Does camper have any special health and/or behavioral considerations? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

4. Will camper require any medication or medical treatments while at camp? Yes \_\_\_ No \_\_\_ If yes, list & explain \_\_\_\_\_

5. Is the camper prohibited from any physical activities? Yes \_\_\_ No \_\_\_ If yes, list & explain \_\_\_\_\_

6. Are camper's immunizations current? Yes \_\_\_ No \_\_\_ Date of last Tetanus shot \_\_\_\_\_

7. Does camper have any infectious diseases? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

8. Do you give the camp nurse permission to treat the camper with over-the-counter medication for minor complaints and injurer? Yes \_\_\_ No \_\_\_ Special Instruction \_\_\_\_\_

Child's Physician \_\_\_\_\_ Physician's Telephone \_\_\_\_\_

**Insurance Coverage**

We do not provide health care insurance coverage. Please provide the following information:

Do you have hospitalization insurance Yes \_\_\_ No \_\_\_

Name of Insurance Company \_\_\_\_\_ Insurance Co. Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Soc Sec # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Employment \_\_\_\_\_

If you do not have hospitalization coverage you will be fully responsible for any and all cost associated with medical attention required due to sickness of your child. Send bill to \_\_\_\_\_

**Parent/Guardian Release**

As parent/guardian of the above child, I affirm that the information on this application is true and correct and that in case of illness or accident, you have my permission to administer first-aid and to secure medical attention for my child. Furthermore, I hereby authorize the release of all medical records (x-rays, test results) resulting from treatment to the Church of God Youth Camp. I also give my permission for my child to participate in and travel to any off-site activity sponsored by the camp.

Please list authorized person to pick-up camper other than the parent and/or guardian.

Is there someone we should **NOT** release camper to? Please list complete name.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

**Camper Agreement**

As a camper of the Church of God Youth Camp, I agree to abide by the rules and policies of the camp during my stay at camp. I understand that any deliberate breach of conduct or disregard of camp rules will necessitate disciplinary action, even to the extent of being asked to leave the camp.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_