



MICHIGAN SUMMER YOUTH CAMP
 CAMPER APPLICATION - SUMMER 2018
 Church of God Camp Grounds | 6317 Old US 23 Fenton, MI 48430
 810-629-0460 | Fax 810-629-0693 | www.michigancog.org

Cost \$140.00
 Deposit \$25.00 -per student (non-refundable/non-transferable)
Cost After May 15th: \$165.00
Walk-On Fee: \$180.00

DO NOT MAIL AFTER JUNE 18th APPLICANT WILL BE CONSIDERED A WALK-ON

No application will be accepted until this form is complete and accompanied by deposit.

Please Print Clearly:

Camper Name: _____ Sex: M / F Birthdate: ____/____/____ Age: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email (required): _____ Local Church: _____
 Parent/Guardian: _____ Cell Phone: _____

Parental Consent and Release of Liability 2018 Youth Camp

I, _____, hereby acknowledge that it is my desire for my child to be a participant in the 2018 Michigan Church of God Youth Camp, including all activities associated with this event; as well as transportation to and from this event and all related activities.

I AM (MY CHILD IS) VOLUNTARILY PARTICIPATING IN THIS EVENT, INCLUDING TRANSPORTATION TO AND FROM THIS EVENT AND ITS RELATED ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me (my child) to participate in the 2018 Michigan Church of God Youth Camps including transportation to and from this event and all it's related activities, I hereby release and discharge the Michigan Church of God Offices and Michigan Church of God Youth Camp, its officers, employees, agents and members of the Board of Trustees from all actions, claims or demands I and my heirs, distributes, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Board of Trustees, before or during my (child's) participation in this sponsored activity on and/or away from these premises, including transportation to and from the group activity area and other transportation provided for related activities.

I approve of my child's participation as a part of the 2018 Michigan Church of God Youth Camp program, including any mission project or activity conducted outside of the Michigan Church of God State Campground, Fenton, MI.

_____(Name of Minor), will participate as a camper in the Michigan Church of God Youth Camp Program which runs from (Check One) **HIGH SCHOOL** June 25-29(Ages 14-18) _____, **MIDDLE SCHOOL** July 2-6 (Ages 11-13)_____, **Kids Camp** July 9-13 (Ages 7-10)_____.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND I SIGN IT OF MY OWN FREE WILL.

This Consent and Release from Liability shall remain effective until revoked in writing and delivered to any officer, employee or agent of the Michigan Church of God State Office.

Executed this _____ day of _____, 2017 Signature _____

Parental Release Form
No application will be accepted until this form is complete.

IMPORTANT MEDICAL INFORMATION:

Name: _____ Birthdate: _____

List all medical conditions: _____

Current medications being taken: _____

List all restricted activities: _____

Allergies: _____ Type of reaction: _____

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

Note for the nurse: _____

I hereby give permission to the camp nurse 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: Aspirin Benadryl Ibuprofen (Advil, Motrin) Acetaminophen (Tylenol) Anti-Acid Pepto Bismol Imodium AD Cough Drops

If your son/daughter is covered for sickness/injuries by your family insurance, please complete the following form.

Is 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 _____

MODEL RELEASE:

I also consent to the use of any video footage, photos, or any other visual or audio reproduction in which my child may appear by Michigan Church of God Youth & Discipleship. I understand that these materials are being used only for the promotion of Michigan Church of God Youth & Discipleship, which may include recruitment and fund-raising efforts. I release the Michigan Church of God from any liability connected with the use of my child's picture or voice recording as part of any promotional, recruitment or fund-raising program. YES _____ NO _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relation to Camper: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

I hereby give my child _____ permission to attend 2018 Michigan Church of God Youth Camp at the Michigan Church of God Camp grounds at Tyrone Valley, Fenton, MI

In case of medical emergency, I hereby give my permission for the staff member in charge to hospitalize and/or secure the services of a licensed physician, surgeon or anesthetist in providing necessary care for my child as named on this release form. I certify that my child is in good physical condition and is able to participate in the entire camping program except for activities listed as "restricted".

Signature or parent/guardian: _____ Date: _____

Roommate Preference: 1st: 2nd:

CAMPER AGREEMENT

I hereby pledge my word of honor that I will abide by the rules and regulations of the camp during my stay, with the understanding that failing to do so will result in my being sent home from camp.

..... **Signature of Camper**

PASTORAL ENDORSEMENT (REQUIRED)

NO APPLICATION WILL BE ACCEPTED WITHOUT PASTORAL ENDORSEMENT

..... **Senior Pastor Signature**

Ministerial #: Date:

*Mail Applications
and \$25 deposit to:
Michigan Church of God
"Youth Camp"
6317 Old US 23
Fenton, MI 48430
Make checks payable to:
Michigan Church of God*

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Pre-Order Camp Shirt \$15 (**please include in addition to Deposit**)

__ Youth S __ Youth M __ Youth L __ Adult S __ Adult M __ Adult L __ Adult XL __ Adult XXL __

Register by May 15th, 2018 to receive a **FREE** camp shirt

PAYMENT OPTIONS

Please choose one of the following payment options:

- ___ \$25 **Non-Refundable Deposit (per camper)**
- ___ \$140 **Early Registration Before May 15th** (Paid in Full)
- ___ \$ 165 **After May 15** (Paid in Full)

Multiple Camper Family Discount (***Only until May 15th**)

(\$25 Non-Refundable Deposit due per camper)

1st ___ \$140 2nd ___ \$130 3rd ___ \$120 4th ___ \$110

Camp T-Shirt \$15 _____

(Free camp t-shirt if application received before May 15th)

CASH, MONEY ORDER OR CHURCH CHECK
Please make check payable to:

Michigan Church of God

Mail To:

Youth Camp
Michigan Church of God
6317 Old US 23
Fenton, MI 48430

CREDIT CARD PAYMENTS

___ VISA AMOUNT APPLIED: \$ _____
___ MC

(Credit Card Number)

(Exp. Date)

(Security Code- 3 digit #)

(Name on Card)

CAMPER PICK-UP

(*No camper will be allowed to leave camp during the week except for emergencies.)

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 the complete name.

(Parent/Guardian Signature)

(Date)

Please Note: We want to ensure a safe environment for our students. Because of this, our camp will be a "closed campus". We will not be accepting visitors, unless prior approved. Thank you for your understanding. In case of emergency call: 810.629.0460

Do Not Write Below - For Office Use Only

Date Received Confirmation Sent Registration Fee Paid Balanced Due Cabin # Received By Balance Received