

2023 Camper Application

CAMP RATES

Early Bird Rate \$155

*If postmarked by May 25

Regular Rate \$175

*If postmarked May 26 - June 19

Walk on Rate \$200

*Postmarked after June 19 will be considered walk on rate for all camps

A \$25.00 non-refundable, non-transferable deposit must accompany this completed application for you to be officially registered!



CHOOSE YOUR CAMP

___ High School Camp (ages 15-18) June 26-30

___ Middle School (ages 11-14) July 3-7

___ Kids Camp (ages 7-10) July 10-14

A half-year tolerance is permitted for each camp:
if your child will be 7 by Dec 31, he/she may attend Kids Camp
if your child will be 11 by Dec 31, he/she may attend Middle Camp
if your child will be 15 by Dec 31, he/she may attend High School Camp

___ **YES, I qualify for the Early Bird rate and a free T-shirt.**
Size ___ Select: Youth / Adult

Sibling Bonus

YES!

I qualify for a Sibling Bonus

If you and your sibling(s) register for camp, you **both** receive a FREE \$5 Canteen card.

Siblings First & Last Name:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

PLEASE PRINT:

Student's Name _____

Gender (at birth) ___ Age ___ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Student Email Address: _____

Who do you wish to room with? _____

Parent/Guardian Name(s) _____

Parent/Guardian Email (required) _____

Home Phone _____ Parent/Guardian Cell _____ Work _____

Additional Emergency Contact Name _____ Phone _____

Local Church _____ Church Email _____

Pastor's Signature (required) _____ Date of Signature _____

FOOD ALLERGY ALERT:

Does your child have any food allergies we should be aware of? ___ yes ___ no

If yes, please explain allergy: _____

CAMPER COMMITMENT:

I understand that campers are to dress and conduct themselves according to the Church of God high standards of modesty. I agree to abide by all rules, requests, and regulations of the camp and obey those over me. I understand that all medications (prescription and non-prescription) must be kept in the nurse's station at all times. The campground will not tolerate the possession of tobacco, alcohol, illegal drugs or substances, vapes, firearms, or weapons. I understand that everything I bring with me to camp may be searched to ensure the safety of all campers.

Camper's Signature (required) _____

MEDICAL INFORMATION:

*Please attach a photo of your child if he/she will be bringing medication to camp. Medications will need to be brought to camp in original packaging with instructions clearly marked. (Student's name must be on prescription medication)

Date of last Tetanus Shot _____

Reaction to any medication? ___ yes ___ no If yes, please list _____

Please list any allergies or medical problems below (food allergies must also be listed on the bottom of page 1)

Insurance Company _____ Policy ID / Group Number _____

Name of policy holder _____

Preauthorization required? ___ yes ___ no

If yes, what limits? _____

*Attach a copy (front & back) of insurance card to this application

Doctor's Name _____ Phone _____

I understand that the Camp Insurance Policy provides secondary coverage, and I must provide primary coverage for my child. I accept all financial responsibilities for all medical expenses incurred.

Parent/Guardian Printed Name _____

Signature (required) _____

PARENT/GUARDIAN CONSENT AND LIABILITY WAIVER:

I hereby give my child permission to attend and participate in the 2023 Michigan Church of God Youth Camp. I also understand and give permission for my child's image to be used in pictures and/or promotional videos by the Michigan Church of God. I hereby waive, release, and discharge any and all claims, demands, and causes of action against Camp Officials, the Michigan Church of God, and the International Offices, Cleveland, TN, their agents, employees, and participants arising from any damages, property loss, or injury my child may sustain at the Michigan Church of God Youth Camp. I further consent to allow Camp Officials to seek and obtain emergency medical treatment for my child should my child need medical treatment.

Parent/Guardian Printed Name _____

Parent/Guardian Signature (required) _____ Date of Signature _____