

Camper Application

(Must be filled out completely by an adult)

Church City		Church Name	
First and Middle Name			Gender (Circle One) Male Female
Last Name		Shirt Size (Circle One) write in if other size is needed: Youth S M L Adult S M L XL	
Street Address			
City	State	Zip	
Birthdate (mm/dd/yy) / /	Age	Home Phone () -	
Parent	Day Phone () -	Evening Phone () -	
Emergency Contact	Day Phone () -	Evening Phone () -	
Emergency Contact	Day Phone () -	Evening Phone () -	

Please list date of most recent immunization.		
Polio	MMR	DTP
/ /	/ /	/ /
TB Skin Test (Not Required)		* Please do not send a copy of the shot record.
Date	Result	
/ /		

	Yes	No
Can your camper swim?		
May your camper swim at camp?		
Is there anyone your child should not be released to?*		
If so, who?		

*Your child will only be released to you, the emergency contacts, or the designated adult from your church unless you instruct otherwise.

If you choose not to immunize, we will need a copy of a notarized affidavit from the Dept. of Health.

Circle if your child wears: contact lenses glasses dental appliances

Chronic/Recurring Conditions: Please check all conditions that apply.

- | | |
|---|---|
| <input type="checkbox"/> Asthma/Respiratory | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney disease/bed wetting |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Musculoskeletal disorder |
| <input type="checkbox"/> Emotional Disturbances | <input type="checkbox"/> Nosebleed |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Sickle Cell Trait or Disease |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Special Dietary Regimen |
| <input type="checkbox"/> Other _____ | |

May your child be given the following:	Yes	No
Tylenol		
Benadryl		
Ibuprofen		
May your child be given over-the-counter, non-prescription medications or applications, not to exceed recommended dosage for stomach discomfort, burns, cuts, insect bites, rash, or scrapes?		

List Exceptions:

Page 2 must also be completed for your child's application to be accepted.

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Allergies: Please check all that apply, and list treatment required.

<input type="checkbox"/> Animals _____	<input type="checkbox"/> Plants _____
<input type="checkbox"/> Food _____	<input type="checkbox"/> Pollen _____
<input type="checkbox"/> Insect Bites _____	<input type="checkbox"/> Hayfever _____
<input type="checkbox"/> Medicines/Drugs _____	<input type="checkbox"/> Other _____

Date of last examination: _____

Are Activities Restricted? Yes No If yes, Explain.

Camper has begun menstruation? Yes No Not Applicable

If no, is she informed about it? Yes No

Name of Physician _____ Phone (____)____ - _____

Medical/Hospital Insurance Carrier _____

Policy Number _____ Group Number _____

CONSENT AND CERTIFICATION: *I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the regularly scheduled activities of the North Texas District Assemblies of God Kids Camp, including swimming, boating, hiking, sporting events, and other activities customarily associated with a church camp. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, (except as noted above). I also give my consent to North Texas District Council to use photographs (individual or group) and/or multi-media images and recording of my child in the best interest of the North Texas District Council.*

MEDICAL TREATMENT AUTHORIZATION: *I understand that I will be notified in the case of medical emergency involving my child. However, in the event I or my assignee cannot be contacted, I authorize the adult in charge to consent to the providing of necessary medical services if my child is injured or becomes ill. I understand the North Texas District will not be responsible for medical expenses incurred solely on the basis of this authorization.*

DAMAGE RESPONSIBILITY: *I understand that participants at Lakeview Camp are liable for intentional or malicious property damage. Repair costs for damage caused by a participant will be billed directly to the participant and his/her legal guardian.*

COPIES: *A photocopy or electronic reproduction of this signed authorization may be considered valid.*

RESERVATION/REFUND POLICY: *A deposit and this application are required to reserve your space at Kid's Camp. The registration fee balance is due upon arrival at camp. The deposit is non-refundable.*

Parent/Guardian Signature _____ Date _____

Both pages of the application MUST be completed for your child to be accepted.