

NORTHWEST TERRITORY COGOP CAMPER APPLICATION

PLEASE READ AND SIGN STATEMENT OF UNDERSTANDING,
IT MUST BE SIGNED OR APPLICATION WILL BE RETURNED.

NWT Kid's Camp

7yrs-5th Grade

August 5th-7th, 2019

Location: Camp Bethel

Director: Paul Hopper of New Life Church of Cody, WY

Cost - **\$110.00 Camp**

Applications Due: July 28th

Please make checks out to "Church of God of Prophecy" and note camp and child's name in the memo.

Name of Camper (First, Last, MI) _____

Address _____

City _____ ST _____ Zip _____

Email _____

Date of Birth (month/day/year) _____ present age _____ Gender ___ male ___ female

Mother's name _____ phone # _____

Father's name _____ phone # _____

Transportation Information We the under signer do hereby release and discharge the Church of God of Prophecy from all liability for any injuries suffered by the camper while in the attendance of camp activities. In signing this form, the student and/or their parents (if the student is under the age of 18) agree that the student has their full consent and permission to travel—via carpool or by church van/bus—across state lines when necessary.

Yes, my child has my permission No, my child does NOT have my permission

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Emergency Information

If parents cannot be reached in an emergency situation, Notify:

Name _____ address (street & #) _____

City _____ area code/telephone _____

Parent's Insurance Co _____ Insurance ID # _____

Insurance Co Phone # _____

Camper applications are accepted without regard to sex, race, color, religion, national origin, or physical or mental handicap*

***Note:** If your camper requires a one-on-one in the public school system, they must be accompanied at all times at camp by a parent or professional care giver provided by the family. If your camper requires daily medical care (i.e., insulin, diapers, wheelchair), they must be accompanied by a parent or professional care giver provided by the family.

NORTHWEST TERRITORY COGOP CAMP APPLICATION

MEDICAL DATA (Please check if it applies to you)

| | | |
|--|--|--|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Sugar Diabetes |
| <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Serious Ivy/Oak Sumac Poisoning | | |
| <input type="checkbox"/> Other _____ | | |

Allergic Reactions To: If serious, please attach explanation:

| | |
|---|--|
| <input type="checkbox"/> Bee/Wasp Stings | <input type="checkbox"/> Food _____ |
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Unusual Blood _____ Type Group\ |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Special Needs _____ |

Explain allergic reaction _____

Does camper require a special diet? If so, specify: _____

Please indicate any medications taken by the camper on a regular basis:

| Condition (ie: diabetes, ADHD) | Medication | Dose | Frequency (Time of day taken and how often) |
|-----------------------------------|------------|-------|--|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Physician: _____ Contact # _____ Date of last visit _____
 Current Weight _____ Date Recorded _____

Recent operations: _____
Date of most recent Tetanus shot: _____

NOTE: All medications must be administered by the camp medical personnel-no exceptions.

In an emergency, I understand that every effort will be made to contact me (parent or guardian). In the event I cannot be reached, I hereby give my permission to the camp director and physician selected by the camp to secure proper treatment for, to hospitalize, and to order injection, anesthesia, and/or surgery for the camper. I understand that if any accident should occur, or any sickness which my child may have, for which the camp insurances does not provide, it is my responsibility and the camp will not be liable for any of the expenses incurred in such cases.

Parent's (or Guardian's) signature of consent _____ Date _____

Statement of Certification and Understanding (please read carefully)

I certify that all the information provided on this application is accurate to the best of my knowledge. I understand that in signing this application, I am agreeing to abide by all the policies and disciplines of the camp (referring to all camps and retreats sponsored by The Church of God of Prophecy, its administration, and staff personnel). Any conduct incompatible, inconsistent, or conflicting with the mission of COGOP Christian Camping Ministries will constitute reason or cause for dismissal from camp and/or we reserve the right to refuse your acceptance to future camps.

Signatures: **Camper:** _____ **Date:** _____ **Parent** _____

Activities/Swimming/Canoeing/ Photograph Release: We the undersigned do hereby release and discharge "Church of God of Prophecy", it's staff, and Camp Bethel from all liability for any injuries suffered by the camper while in attendance of any and all camp activities. In signing this form, we the parents also agree that our camper has our full consent and permission to participate in the following camp activities: .

Yes my child has my permission to swim / No
 Yes my child has my permission to go canoeing / No
 Yes - I give permission for my child's likeness to be used in camp pictures / NO

Parent/Guardian signature: _____ Date: _____
Student _____ Date: _____