

# NORTHWEST TERRITORY COGOP CAMPER APPLICATION

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

## NWT Youth Camp | **“Follow Me”**

**6th-12th Grade**

August 7th-11th, 2019

**Location: Camp Bethel**

Director: Pastor Scott Lee of Bethesda Worship Center

Cost - **\$180.00**

**Please register no later than July 28, 2019**

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 undersigner 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)**

Tuberculosis  Convulsions  Fainting  
 Asthma  Sleep Walking  Sugar Diabetes  
 Kidney Trouble  Heart Trouble  Rheumatic Fever  
 Serious Ivy/Oak Sumac Poisoning  
 Other \_\_\_\_\_

**Allergic Reactions To:** If serious, please attach explanation:

Bee/Wasp Stings  Food  Penicillin  
 Other  Unusual Blood  Type Group  
 Physical Limitations  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** \_\_\_\_\_

**Swimming/Canoeing Release:** We the undersigned do hereby release and discharge Bethesda and its staff from all liability for any injuries suffered by the camper while in attendance of camping activities and participating in the canoeing activity. In signing this form, the student and /or their parents (if the student is under the age of 18) agree that their student has their full consent and permission to participate in the canoeing activity.

Yes my child has my permission to swim  
 Yes my child has my permission to go canoeing  
 No, my child does NOT have my permission

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student \_\_\_\_\_ Date: \_\_\_\_\_

**Paintball Release:** (Not for Kids Camp) We the undersigned do hereby release and discharge Bethesda and its staff from all liability for any injuries suffered by the camper while in attendance of camping activities and participating in the paintball activity. In signing this form, the student and /or their parents (if the student is under the age of 18) agree that their student has their full consent and permission to participate in the paintball activity.

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

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student \_\_\_\_\_ Date: \_\_\_\_\_

*Please make checks to Church of God of Prophecy (COGOP) and note camp and your child 's name in the memo and mail to COGOP, 160 Erickson Court West, Billings, MT, 59105*