

# 2016 West Florida Kids' Camp Application

4792 Hwy. 90 Marianna, FL 32446

Office Use Only:

Date Received \_\_\_\_\_  
 Amt. Received \_\_\_\_\_  
 Amt Due \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Cash \_\_\_\_\_ Dorm/Room# \_\_\_\_\_

PLEASE PRINT CLEARLY AND FILL OUT ALL SECTIONS

First Name	Last Name	DOB/Age	Gender	Grade Entering
Mailing Address		City	State	Zip
Home Phone ( )	Parent/ Guardian Name	Emergency Number or Parent Cell ( )		
Parent/ Guardian Work Number ( )	Church Attending With	Children's Pastor		

## PLEASE CHECK WHICH CAMP YOU WILL ATTEND.

<input type="checkbox"/> Kids' Camp 1 6/6-6/10 Reg. Due May 23	<input type="checkbox"/> Kids' Camp 2 6/13-6/17 Reg. Due. May 30	<input type="checkbox"/> Kids' Camp 3 6/20-6/24 Reg. Due. June 6
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**Ministry team all three weeks of camp: Kidz Rock Ministries**

### IMPORTANT INFORMATION

- \*Kids' Camp: (Grades 2-5, ages 7-11)
- \*CAMP COST: \$150.00
- \*\$50.00 CAMP Deposit is Non Refundable
- \*Registration Deadline: Completed camper application along with \$50 deposit must be received on or before camp registration due date
- \*Senior Pastor students 25% off per student
- \*Credentialed Minister students 15% off per student
- \*LATE FEE: \$25.00 if completed application and or deposit are **received** after the camp
- \*All fees are transferable to a replacement camper

**Required Signature:** Application **WILL NOT** be processed with out the Following Signature.

Agreement: I/we have read all of the rules and the disciplinary policy pertaining to this camp and agree to abide by them. We understand that lack of cooperation will result in being dismissed from camp without refund. I (parent/guardian) do hereby give permission for the camper referenced in this application to participate in all camp activities and to allow photographs, videotapes and interviews to be taken during camp. I further give permission and consent that such media may be used to illustrate, promote and advertise the West Florida District Assemblies of God.

Parent/ Guardian Signature: \_\_\_\_\_

## CAMPER'S HEALTH INFORMATION.

Does the Camper Have a history of : Check all that apply!

<input type="checkbox"/> Seizures	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Fainting
<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Skin Disease	<input type="checkbox"/> Headaches	<input type="checkbox"/> Bedwetting
<input type="checkbox"/> Asthma	<input type="checkbox"/> Liver Disorder	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Bone/Muscle/Joint Disorder		<input type="checkbox"/> Hypoglycemia/Diabetes	
<input type="checkbox"/> Kidney/Bowel Disorder		<input type="checkbox"/> Ear Infection	
<input type="checkbox"/> Menstrual Problems		*Attach separate sheet for explanation of any checked boxes if needed.	

Camper is free from contagious health problems:  YES  NO

Date of last Tetanus Booster: \_\_\_\_\_

Please list any removable appliances/devices/splints, etc: \_\_\_\_\_

While at camp, will the camper be taking any medications?  Yes  No If yes, please list all medications he/she will be bringing to camp. **All medications must be in prescribed and or purchased packaging:** \_\_\_\_\_

List all Allergies:

\_\_\_\_\_

Type of reaction experienced and treatment required:

\_\_\_\_\_

List any other health related problems, including medical care within the past six (6) months:

\_\_\_\_\_

Please list any special dietary instructions: \_\_\_\_\_

\_\_\_\_\_

I/We, \_\_\_\_\_, being the parent(s)/legal guardian(s) of the applicant, hereby acknowledge that the information given on this application is accurate and true. I/We, also, give my/our consent for the director or properly appointed staff member of the West Florida District Assemblies of God to secure the administration of medical treatment or medication for the child listed at the top of this form. I/We am/are also stating that I/we have read the Camp Rules and Guidelines, and I/we agree to abide by all camp rules and guidelines set forth, and should the camp director deem necessary, I hereby give permission to the executive camp staff to inspect the contents of my child's personal belongings for items that are prohibited at camp and/or medication that was not turned in during the registration process. Please list your family insurance information below.

Insurance Co: \_\_\_\_\_ Policy#: \_\_\_\_\_

Parent/ Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_