

NOTE: Applications are 100% transferable within current year or 80% refundable if notification is received by day of registration. All applications must be POSTMARKED by May 15th with full tuition amount to avoid a late fee charge of \$25.00. Please remit all inquiries to Coordinators office for approval NO LATER than day of registration.

CAMPER INFORMATION			
NAME OF CAMPER (Last, First, Middle Initial)		DATE OF BIRTH	AGE GENDER
ADDRESS		/ /	(Circle One): M F
CITY	STATE	ZIP	Has the camper ever been convicted of a crime?
AREA / PHONE ()			If yes, please explain:
EMAIL ADDRESS:			Member or Attend Church at:

PARENT / LEGAL GUARDIAN INFORMATION	
PARENT / LEGAL GUARDIAN (1)	PHONE NUMBER
PARENT / LEGAL GUARDIAN (2)	PHONE NUMBER
PARENT / LEGAL GUARDIAN ADDRESS (if different from camper)	

CAMP / RETREAT APPLYING FOR:	AGE ELIGIBILITY RULE:
<input type="checkbox"/> Pee Wee ages 6-8 \$135.00 3 nights <input type="checkbox"/> Discovery age 9 – 11 \$225.00 6 nights <input type="checkbox"/> Senior ages 12 – 14 \$225.00 6 nights <input type="checkbox"/> Collegiate ages 15 – 19 \$225.00 6 nights	<p>Applicant must be designated age of camp by September 1 of camping season. Exceptions can only be made by special permission and at the discretion of the Camp Coordinator. You must obtain Pre-Approval prior to the start of camp for exceptions to be granted.</p> <p>Age limits are necessary for proper safety, health, and maturity standards. Due to capacity limitations and lesson material content, CAMPERs may only attend ONE camping session of their proper age group.</p>

Registration begins at 2:00 PM - Pick up 8:00 AM

DUE TO INSURANCE REGULATIONS AND SAFETY OF CAMPERS, CAMPERS MUST REMAIN ON CAMP GROUNDS UPON CHECK-IN OF REGISTRATION DAY AND REMAIN UNTIL APPOINTED CHECK-OUT TIME. THERE ARE SOME EXCEPTIONS DUE TO EMERGENCIES. PLEASE SEE CAMP DIRECTOR(S) / COORDINATOR FOR APPROPRIATE PROCEDURES.

STATEMENT OF CERTIFICATION AND UNDERSTANDING

I certify that all the information provided on this application is accurate to the best of my knowledge. I understand that signing this application that I am agreeing to abide by all the policies and discipline of the camp (Camp Boothe referring to all camps and retreats sponsored by The Church of God of Prophecy), its administration and staff personnel. I also understand that Camp Boothe nor The Church of God of Prophecy are responsible for any valuables and/or personal property that may be lost or stolen. Camp Boothe reserves the right to utilize any or all photographs and/or video footage taken of camper for staff member for promotional use or advertisement.

_____ CAMPER'S SIGNATURE (18 and older) _____ DATE

_____ PARENT / LEGAL GUARDIAN SIGNATURE _____ DATE

YOU WILL NEED: Bedding, Towels, Washcloths, Toiletries, Clothes (casual / sport / church services), Shoes (casual, athletic, flip flops or pool shoes), Bible
*** ITEMS NOT TO BRING:** Weapons, electronics (including cell phones), tobacco, valuables, snacks/drinks, pets
DRESS CODE: Please bring appropriate clothing. Clothing must not be too tight, too loose or too short as to be revealing and/or a distraction.
 Camping Ministry Administration reserves the right to correct clothing concerns.

CREDIT CARD INFORMATION (We accept - Visa, MasterCard, Discover)			
Type of Card (Circle One)	Visa	MasterCard	Discover
Card Expiration:	CVC Code:		
Amt of charge \$	Card Number:		
Cardholder's Signature:	Name as it appears on card:		
	Address of billing statement:		
	City, State, Zip		

_____ Amount Received _____ Cash _____ Check _____ # _____ Date Received _____ Balance Due _____

MEDICAL INFORMATION

CAMPER INFORMATION

MEDICAL PROCEDURES

CAMPER NAME _____

If parent/legal guardian cannot be reached in an emergency, please notify:

Emergency Contact 1 _____

Name: _____

Phone: _____

Emergency Contact 1 _____

Name: _____

Phone: _____

NOTE: CAMP MEDICAL PERSONNEL WILL SCREEN EACH CAMPER UPON ARRIVAL AT REGISTRATION. IN THE EVENT OF ILLNESS (CONTAGIOUS AND/OR VIRAL) OR EXISTING INJURY, CAMP PERSONNEL WILL BE NOTIFIED IMMEDIATELY.

EACH CAMPER WILL BE SCREENED FOR LICE BEFORE BEING ADMITTED TO CAMP. IF LICE ARE DETECTED, NO TREATMENT WILL BE ADMINISTERED BY REPRESENTATIVES OF CAMP BOOTHE; THEREFORE, THE CAMPER WILL NOT BE ALLOWED TO REGISTER. LEGAL GUARDIAN HAS THE OPTION TO TREAT THE CAMPER OFF CAMPUS AND RETURN FOR A RE-CHECK WITHIN 24 HOURS.

MEDICAL DATA

Indicate recent illnesses, medical complications, surgeries, and any known allergies (bees, food, etc.) or physical limitations:

Any specific activities to be restricted?

LIST THE NAME, DOSE & FREQUENCY OF MEDICATIONS THE CAMPER TAKES ON A REGULAR BASIS:

All medical treatment and records are strictly confidential and are to be accessed by proper personnel only.

PLEASE LIST ANY PERSON(S) OTHER THAN PARENT / LEGAL GUARDIAN TO WHOM CAMPER MAY BE RELEASED FOR CHECK-OUT. FOR THEIR PROTECTION CAMPERS WILL NOT BE RELEASED TO ANYONE OTHER THAN THOSE LISTED BELOW. ANYONE LISTED MUST PROVIDED A VALID PHOTO ID IN ORDER TO TAKE CAMPER.

MEDICAL INFORMATION

CONTRACT HOLDER NAME: _____

INSURANCE CO: _____

POLICY NUMBER: _____

I further understand that my medical insurance company will serve as the Primary Coverage.

CONSENT & RELEASE STATEMENT

Please read and initial each statement and sign at the bottom.

_____ In the event that I or my child named above becomes ill or is injured while under the supervision of Camp Boothe, I authorize camp authorities to do the following:

- Contact the parent / legal guardian of the camper (campers under the age of 18) and follow his/her instructions;
- In case of an emergency, when neither parent nor legal guardian can be reached immediately, camp authorities are authorized to use best judgment in contacting a physician or other health care provider and to authorize the provision of necessary medical, surgical, or other care;
- By this CONSENT, I appoint the proper camp authority as my attorney-in-fact for the purposes herein stated.

_____ Camp Boothe may provide first aid and basic nursing care to my child. The nurse may treat with the following medications: oral medications to include: Acetaminophen (pain reliever) Diphenhydramine (allergy relief), Ibuprofen (pain/fever) Sore throat lozenges, Topical Medications and treatments: itch relief, antibiotic ointment, bandages, muscle soreness, sunburn relief, pain relief spray, swimmers ear treatment, rash, and abrasion cream

_____ I give consent for my child to participate in all activities at Camp Boothe.

_____ I give consent for Camp Boothe to utilize any or all photographs and/or video footage taken of camper for staff member for promotional use or advertisement.

_____ I am attaching any special instructions, in regard to my child's allergies, medications, or specific needs, to this form.

_____ In consideration of Camp Boothe, Inc. making available Camp Boothe and for the other benefits that I or my child receive, I do hereby release and discharge The Church of God of Prophecy, Camp Boothe, Inc., Camp Boothe, its agenda, employees, and staff from all liability of any kind or nature, claim, demand or cause of action which might be asserted. I understand that this is a RELEASE and with that knowledge, I voluntarily sign it.

Parent / Legal Guardian / Camper (18 and older)

Printed Name _____ Signature _____ Date _____