

# SOUTH TEXAS YOUTH CAMP 2018 CAMPER APPLICATION

PLEASE PRINT NEATLY IN BLACK INK

**PLEASE CIRCLE CAMP ATTENDING**

Week 1:  
Dates: June 7-10  
Speaker: Josh Wellborn  
Ages: 12-18

Week 2:  
**5-DAY CAMP**  
Dates: June 11-15  
Speaker: Jeff Grunell  
Ages: 12-18

Week 3:  
Dates: June 18-21  
Speaker: John Boore  
Ages 12-18

**THIS FORM MUST BE FILLED OUT AND SIGNED BY A PARENT OR LEGAL GUARDIAN AND SENT WITH A \$70 DEPOSIT AND GROUP SHEET. FORMS WILL NOT BE PROCESSED WITHOUT THE GROUP SHEET OR IF THEY ARE NOT FILLED OUT COMPLETELY.** Forms will NOT be accepted by fax. Camp balance will be due upon arrival at camp. The registration fee is non-refundable and non-transferable within TWO weeks of camp.

**CAMPER INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Birth Gender (Circle One): Male Female  
 Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Church Attending With: \_\_\_\_\_ City: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ City: \_\_\_\_\_  
 Current Medication: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Tetanus Vaccination: **Yes** **No** Circle All That Apply: Epilepsy Heart Problems Asthma  
 When: \_\_\_\_\_ Diabetes Thyroid Problem Other: \_\_\_\_\_

**CAMP COST WEEKS 1 & 3**  
 \$150 Postmarked by March 13  
 \$160 Postmarked by April 10  
 \$170 Postmarked by May 8  
 \$180 after May 8

**CAMP COST WEEK 2**  
 \$185 Postmarked by March 13  
 \$195 Postmarked by April 10  
 \$205 Postmarked by May 8  
 \$215 Postmarked after May 8

**PARENT INFORMATION**

Name of Parent/Legal Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

**INSURANCE INFORMATION**

In case of medical treatment and/or expenses, the camper's personal medical coverage will be the primary carrier. Camp Insurance will be secondary to the camper's policy. PLEASE MAKE SURE ALL INSURANCE INFORMATION IS COMPLETE.

Insurance Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

**FOR MORE INFORMATION:**  
[www.stxym.org](http://www.stxym.org)  
 713.455.5252  
[faith@stxym.org](mailto:faith@stxym.org)

**PRE ORDERS: \$20 CAMP T-SHIRT (please circle size) S M L XL 2XL other \_\_\_\_**  
**STL Donation: \$10 \_\_\_\_ (100% of your giving goes toward funding missionary projects!)**

**TOTAL: CAMP T-SHIRT cost: \$ \_\_\_\_\_ + CAMP Deposit \$70 or other \$ \_\_\_\_\_ = Total Included for this student: \$ \_\_\_\_\_**

**CREDIT CARD PAYMENT OPTION: (complete in full)** YOUTH PASTOR: Check this box if your church has already run this credit card

Card Type (circle one): **American Express** | **MasterCard** | **Visa**  
 Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_  
 V-Code (3 digits on the back of the card. AMEX is 4 digits located on the front): \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cardholder's Email: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN CONSENT**

I, the parent or legal guardian of \_\_\_\_\_ (camper's name) do hereby state that I have legal custody of the child who resides with me and have read and approved the included camp information. I give my permission for my child to attend camp and participate in all activities, including but not limited to: Knockerball, relay races, ball sports (basketball, baseball, volleyball, etc.), swimming, and other water activities. In consideration of my child being allowed to participate in this event, I authorize the South Texas District Council of the Assemblies of God to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against the District for the use of such photographs or video. I give my permission for authorized camp personnel to inspect camper's belongings to insure that they have no illegal or prohibited items. I will be held responsible for any and all damages my child may cause to the camp site or facilities. I hereby authorize any authorized camp personnel to obtain any medical care necessary. I authorize emergency treatment in the event of illness/injury when parents are not immediately available. I understand, if necessary, the camper will be taken to a nearby hospital and will be attended by a physician on call. I further understand that I will be responsible for any medical expenses incurred.

**YOUTH PASTORS:  
 MAIL COMPLETED  
 FORMS TO:**

**YOUTH CAMP  
 11102 EAST FREEWAY  
 HOUSTON, TX 77029**

(Each registration includes a free camp video)

\_\_\_\_\_  
 Parent/Legal Guardian Signature Date

Please list all camp activities you would not like your student to participate in on the back of this form.