PFYouth kids camp application form

please complete application in their entirety before returning to us .
incomplete applications will incur a delay in processing.

step 1: please mark which camp(s) you will be attending

ENTERING GRADES 3-6 [X] Kids Camp 2 July 20-23
Steve Hogue
Wednesday - Saturday

step 2: please complete with camper information

FIRST NAME | LAST NAME | MI

D.O.B. (MM, DD, YY) | AGE | SEX | GRADE (entering)

MAILING ADDRESS

CITY | STATE | ZIP --

AREA CODE + PHONE NUMBER

NAME OF CHURCH ATTENDING WITH: CALVARY CHRISTIAN | CHURCH CITY: ORMOND BEACH

KIDS LEADER NAME: STEVE HOGUE

step 3: Please Calculate Camp Payment.

early registration rate postmarked less than 21 days prior to camp

☐	Kids Camp 2 *(wednesday-saturday)*	$140
☐	Camp T-shirt	$ 10
	T-shirt size Kids sizes S M L adult sizes S M L	
☐	Camp Highlights DVD *(Optional)*	$ 10
☐	LATE FEE (AFTER JUNE 22ND)	$ 15

Registration requires $50 deposit or full fee to be processed and secure a spot for camp.

TOTAL CAMP AMT: _____

TOTAL ENCLOSED: _____

step 4: please complete with parent or guardian information

CAMPER NAME

PARENT/GUARDIAN NAME(S)

PARENT/GUARDIAN PHONE NO.

PARENT/GUARDIAN EMAIL ADDRESS

ALTERNATE EMERGENCY CONTACT PERSON

EMERGENCY CONTACT PHONE NO.

EMERGENCY CONTACT PERSON'S RELATIONSHIP TO CAMPER

Early departure Policy: Only an authorized person designated on the registration form may remove a camper from camp early.
Please list authorized person(s).

Is there anyone we should NOT release your child to? Please list complete name (s).

step 5: please complete with health care information - must be completed by parent or guardian

on a separate piece of paper please explain any checked items AND list any medications (name/reason/ instructions) camper is taking. all medications, prescriptions, and over-the-counter drugs must be brought in the original container to the nurse with the meds form signed by guardian during registration.

INSURANCE CARRIER

COVERAGE START

COVERAGE END

INSURANCE CO PHONE NUMBER

INSURED'S NAME (FIRST) (LAST)

INSURANCE / POLICY / OR GROUP NUMBER

Does the camper have allergies? ☐ Yes ☐ No If yes, please explain: _____

Please list the year camper received the following immunizations: Tetanus Toxoid _____
Can the nurse give Tylenol to your child ☐ Yes ☐ No

What communicable diseases has this camper had?
☐ Measles ☐ Polio ☐ Mumps ☐ Chicken Pox ☐ Scarlet Fever ☐ Whooping Cough ☐ Other _____

Does camper have: ☐ Heart Trouble ☐ Ear Trouble ☐ Asthma ☐ Hernia ☐ Sleepwalking
☐ Pregnancy ☐ Other _____

Is there any information we should have regarding the welfare of this camper (handicaps, restrictions, etc.?)

_____

step 6: please read and sign

no camper can be accepted without both their signature and a parent/guardian signature

I do hereby state that I have legal custody of this child, a minor, who resides with me.
While this minor is a registered camper at any Peninsular Florida Assemblies of God summer camp, I hereby authorize any director, counselor, nurse, dean, lifeguard, or other responsible person of said Camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary.

We give full permission to Peninsular Florida Assemblies of God summer camps to reproduce any photograph and/or video image of me/my student for promotional usage without obligation to me/my student. We have read the rules and agree to abide by them and do hereby give permission to participate in all camp activities except as noted.

_____
Student Signature (Required)

_____
Parent/Guardian Signature (Required)