

CAMPER APPLICATION

2021 KIDS CAMP

STEP 1: CAMPER INFORMATION (please print clearly)

Camper Name _____ Age _____ Birth Date ____/____/____ Gender at Birth M F
Mailing Address _____
Parent's Name with whom child lives _____ E-mail _____
Address (if different from above) _____
Day Phone # _____ Cell Phone # _____ Evening Phone #: _____
Emergency Contact Person _____
Relation to camper _____ Phone # _____

STEP 2: CHURCH INFORMATION

Church Name _____ City _____ Leader _____

STEP 3: WEEK OF CAMP

Camp 3: July 12-16 Camp 2: July 19-23
Speaker: Kyle Jorris Speaker: Drew Williams

STEP 4: PAYMENT

Shirt Sizes Available: YM, YL, AS, AM, AL, AXL, AXXL(+\$2), 3XL(+\$4), 4XL(+\$6)

REGISTRATION

(POSTMARKED 4 WEEKS PRIOR TO WEEK OF CAMP)

COST \$200
T-SHIRT (optional) \$10 SIZE _____
TOTAL FOR CAMP _____
AMOUNT ENCLOSED _____
(MUST INCLUDE AT LEAST A \$100 DEPOSIT)
BALANCE DUE ON ARRIVAL

LATE REGISTRATION

(POSTMARKED AFTER 4 WEEKS BEFORE CAMP)

COST \$220
T-SHIRT (optional) \$10 SIZE _____
TOTAL FOR CAMP _____
AMOUNT ENCLOSED _____
(MUST INCLUDE AT LEAST A \$100 DEPOSIT)
BALANCE DUE ON ARRIVAL

STEP 5: HEALTH CERTIFICATE (required)

Do you have Health Insurance? Yes No If so, Name of Company, Policy #, and Phone Number: _____

Is there any information we should have regarding this camper? (i.e. handicaps, restrictions, etc.) _____

What communicable disease has this camper had? (Check all that apply)

Measles Polio Mumps Chicken Pox Scarlet Fever Whooping Cough

When did this camper last receive a Tetanus Shot (give year): _____

Does the camper have any of the following conditions? (Check all that apply)

Heart Trouble Ear Trouble Kidney/Urinary Trouble Asthma Hernia Skin Trouble HIV/AIDS Lung Trouble Diabetes Seizures

Allergies (Name allergies or medications camper is allergic to. Camper must bring own EpiPen if needed.) _____

Name medication presently taking _____

Please circle what this camper may receive:

Tylenol Benadryl Advil Ibuprofen Claritin Mylanta Pepto-Bismol Nasal Decongestant Cough Syrup Tums Pepcid

STEP 6: SIGNATURES (required)

I (parent/guardian) do hereby state that I have legal custody of the child, a minor who resides with me. While this minor is a registered camper at any Georgia Assemblies of God event, I hereby authorize any director, nurse, or any other responsible personnel 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 in the State of Georgia, when such a medical or surgical treatment is necessary. Initial _____

I consent to the taking of photographs and/or video of the minor and release Georgia Children's Ministries to use said photos/videos for non-profit purposes including use in print, on the internet, and all other forms of media. Initial YES _____ NO _____

I/we do hereby give permission for the camper referenced in the application to participate in all camp activities, including but not limited to: field activities, swimming, water slides, zip line, and lake activities.

Parent's Signature (Required) _____ Date ____/____/____

whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in all GA District KidMin events and activities, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's all Georgia KidMin participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in all GA District KidMin events and activities participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in all GA District KidMin Events and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in all GA District KidMin events and activities.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

WHAT TO BRING TO CAMP

Sleeping Bag or Twin Size Sheets and a Blanket

Pillow

Towels & Washcloths

Personal Items : (Deodorant, Toothbrush, Toothpaste, Comb, Etc.)

Modest Swimsuit (Girls-One Piece or Tankinis allowed)

Beach Towel

Swim Suit Cover-up

Casual Clothing

Camera

Bible

Snacks

Flashlight

Rain gear/Umbrella

Bug Repellent

Medications**

Medical Authorization Form (If not already sent in)

Spending Money (Camp Store & Snack Shack)

A Good Attitude

****All medications are to be turned in at registration**

Dress Code

Modest clothing must be worn. Campers and personnel are not allowed to wear backless or halter-type dresses or blouses, spaghetti straps, brief tops, belly shirts or any see through or sheer clothing. Shoes must be worn at camp at all times. Flip-flops are discouraged for recreational times. Modesty in all clothing is our requirement. Bring some clothes you do not mind getting dirty as some activities may be messier than others.

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Georgia District Assemblies of God programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge, and agree that participation in any GA District KidMin events and activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with GA District KidMin participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with GA District KidMin participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death.**

Initial

Participating in Georgia District Assemblies of God programs or accessing Georgia District Assemblies of God facilities could increase the risk of contracting COVID-19. Georgia District Assemblies of God in no way warrants that COVID-19 infection will not occur through participation in Georgia District Assemblies of God programs of accessing Georgia District Assemblies of God facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in all GA District KidMin events and activities, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Georgia District Assemblies of God and GA District KidMin, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Georgia District Assemblies of God and GA District KidMin on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Georgia District Assemblies of God facilities/equipment or participation in Georgia District Assemblies of God and GA District KidMin programs _____

Initial

whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in all GA District KidMin events and activities, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's all Georgia KidMin participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in all GA District KidMin events and activities participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in all GA District KidMin Events and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in all GA District KidMin events and activities.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)