



2008 CAMPER APPLICATION

Please type or print CLEARLY.

PARENTS: Please fill form out.

Form **MUST** be **COMPLETELY** filled out or Application will not be processed.

Check # _____

Amt Paid \$ _____ Amt Due \$ _____

Visa MC Discover (Please Circle One)

Name on Card: _____

Card #: _____

Expires: _____ 4-Digit Code: _____

Last Name _____

First Name _____

Birthdate ___/___/___ Age _____ Gender: M ___ F ___ Staff Child: Yes ___ No ___

Address _____

City _____ State _____ Zip _____

Email _____

Church Attending With _____ City _____

Parent/Guardian Name(s) _____

Address (if different than above) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

PLEASE CHOOSE ONE:

Senior Camp

Junior Camp

COST INFORMATION:

\$180.00 Jan.-April

\$190.00 May

\$200.00 June

\$225.00 July

\$180.00 Worker

Make check payable to your local church; each church will issue one check for all campers. You may even enter your credit card information above.

PERMISSION AND MEDICAL CONSENT

I hereby grant permission for my son/daughter named above to attend and participate in the 2008 Youth Camp sponsored by the Pentecostal Church of God, Arizona District. This includes permission to transport my son/daughter to and from such activities. I understand that these activities will be chaperoned by an adult sponsor of said organization. I do hereby state that I have legal custody of this child, a minor. While this minor is a registered camper at any 2008 Arizona District Youth Camp, I hereby authorize any director, supervisor, staff member, nurse, dean, lifeguard, or other responsible person of said camp to consent to x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to this minor under the supervision and advise of any physician or surgeon licensed to practice in the state of Arizona, when such medical or surgical treatment is necessary. I agree to be financially responsible for all expenses and charges incurred to the extent not covered by applicable insurance.

Signature of Parent/Guardian or Camper if 18 or over _____

Printed Name _____

Date _____

YOUTH MEDICAL INFORMATION

ALL MEDICATION MUST BE IN ORIGINAL CONTAINER

LAST NAME:

Describe any current medical problem of Camper _____

List ALL medications currently needed _____

Indicate When & How Much _____

List any allergies to medication _____

Do you give permission for the camp nurse to administer to your child over-the-counter medications for common symptoms and minor injuries such as, but not limited to, Tylenol, Advil, Pepto Bismal, Antibiotic Cream, etc.? Yes ___ No ___

Date of Last Immunization: Tetanus ___/___/___ DPT ___/___/___

Doctor's Name _____ Phone _____

Address _____ City _____ State ___ Zip ___

Insurance Company _____

Insurance Card # _____ Insurance Policy # _____

(ATTACH A PHOTO COPY OF THE FRONT & BACK OF INSURANCE CARD)

FIRST:

HEALTH HISTORY

Has he/she ever had:	Yes	No	Is he/she subject to:	Yes	No
An attack of appendicitis	_____	_____	Sinus Trouble	_____	_____
Asthma or hay fever	_____	_____	Fainting Spells	_____	_____
Hernia (rupture)	_____	_____	Ear Trouble	_____	_____
Rheumatic Fever	_____	_____	Convulsions	_____	_____
Diabetes	_____	_____	Poison ivy, oak, or sumac	_____	_____
Does he/she take insulin?	_____	_____	Reaction to penicillin	_____	_____
Poliomyelitis	_____	_____	Nervousness or easily upset	_____	_____
Heart Trouble	_____	_____	Allergy to aspirin	_____	_____
Severe Allergies	_____	_____	Bed Wetting	_____	_____
Scarlet Fever	_____	_____	Is he/she under medical care requiring medication?	_____	_____
Significant disease, injury or Operation	_____	_____	Is his/her activity restricted due to medical reasons?	_____	_____

If the answer is "yes" to any of the above, please explain: _____

