



# Youth Camp Application

## Registration Cost:

**Early: \$190** – Postmarked by May 25th, includes T-Shirt

**Standard: \$205** – Postmarked After May 25th, T-Shirt additional \$15

**Walk On: \$225**– After June 22nd, T-Shirt additional \$15

### PLEASE CHECK CAMP:

- Kids Camp July 6-10 Ages 6-11
- Student Camp July 13-17 Ages 12-18

**Arrival:** Registration begins at 2:00pm on the first day of camp, first meal is dinner.

**Departure:** Pick up is at 11:00am on the last day of camp, last meal is breakfast. Closing ceremonies are 10-11am.

### PLEASE PRINT CLEARLY:

Camper Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_ Gender:  M  F Age: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Church: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

### T-SHIRT - INCLUDED WITH EARLY REGISTRATION - STANDARD REGISTRATION \$15:

- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult X Large
- Other \_\_\_\_\_

Roommate Preference: \_\_\_\_\_ Cabin Leader: \_\_\_\_\_

### CAMPER CODE OF HONOR - I WILL:

- Treat myself & others & their property with respect.
- Respect camp and rented facilities (vans, rooms, etc.).
- Keep a positive attitude.
- Remember that I am an ambassador of Christ and this camp, and that my attitudes, actions and words can communicate a good or bad example.
- Abstain from obscene language.
- Abstain from drug, alcohol, or tobacco use.
- Recognize that any public display or affection at camp is inappropriate. This distracts from our purpose as we meet together.
- For the safety and well being of all, every meeting has physical boundaries, stay within those boundaries.

**I UNDERSTAND the consequences of violating this agreement will be immediate and certain.**

**Camper Code of Conduct:** I understand that Youth Camp is a privilege and not a right.

**Weapons, violent acts, sexual activity, smoking/drinking/illegal drugs/vaporizers:** The parent/guardian will be asked to make immediate arrangements for their child/camper to return home at their own expense.

**Inappropriate language, displays of affections:** Any offence could result in contact of parent/guardian to address the conduct with their youth and potentially result in dismissal from camp.

**Property Damage:** Any camper who willfully damages or destroys property will be responsible for the cost of repair/replacement. Illinois Church of God is not liable for damages made by participants.

**Electronics:** Cell phones, Ipods, and other electronics are not permitted.

**Dress Code:** Expensive jewelry, 'short' shorts, tank tops and halter tops are not permitted.

Signature of Camper: \_\_\_\_\_

### Mail Application with \$25 deposit to:

Illinois Church of God State Office  
P.O. Box 978, Decatur, IL 62525

### Walk On/After June 22nd

Bring the application on the  
first day of camp to Camp Warren  
4225 Camp Warren Lane, Decatur

- Early Registration** Postmarked by May 25th
- Standard Registration** Postmarked by June 22nd

Deposit: \_\_\_\_\_

T-Shirt: \_\_\_\_\_ If After May 25th

Total Enclosed: \_\_\_\_\_ Check # \_\_\_\_\_

PLEASE COMPLETE BOTH PAGES OF APPLICATION

## CONSENT AND RELEASE OF LIABILITY 2020 YOUTH CAMPS

I, \_\_\_\_\_ (Name of Parent/Guardian) hereby acknowledge that it is my desire for my child to be a participant in the 2020 Illinois Church of God Youth Camp, including all activities associated with this event; as well as transportation to and from this event and all related activities.

I AM (MY CHILD IS) VOLUNTARILY PARTICIPATING IN THIS EVENT, INCLUDING TRANSPORTATION TO AND FROM THIS EVENT AND ITS RELATED ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me (my child) to participate in the 2020 Illinois Church of God Youth Camps including transportation to and from this event and all its related activities, I hereby release and discharge the Illinois Church of God State Offices and Church of God Youth Camp, its officers, employees, agents and members of the Board of Trustees from all actions, claims and demands I and my heirs, distributors, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting the negligence or other acts, howsoever caused, by such church, officers, employees, agents, and Board of Trustees, before or during my (child's) participation in the sponsored activity on and/or away from these premises, including transportation to and from the group activity area and other transportation provided for related activities.

I approve of my child participating as a part of the 2020 Illinois Church of God Youth Camp program, including any mission project or activity conducted outside Camp Warren, Decatur, IL.

\_\_\_\_\_ (Name of Minor), will participate as a camper in the Illinois Church of God Youth Camp which will be held July 6-10/July 13-17.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND I SIGN IT OF MY OWN FREE WILL.

This Consent and Release from Liability shall remain effective until revoked in writing and delivered to any officer or employee or agent of the Illinois Church of God State Offices.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 2020 **REQUIRED SIGNATURE** - PARENT/GUARDIAN \_\_\_\_\_

## REGISTRATION AND MEDICAL CONTSENT FORM

Emergency contact information:

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
Area Code Area Code

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
Area Code Area Code

Allergies: Food: \_\_\_\_\_  
Other: \_\_\_\_\_

Health History:

- |                                    |  |   |  |
|------------------------------------|--|---|--|
| <input type="checkbox"/> Drugs     | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Emotional Handicap | <input type="checkbox"/> Mental Handicap   |
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Cardiac Condition | <input type="checkbox"/> Epilepsy           | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Insect Stings     | <input type="checkbox"/> Other              |  |

If you have checked any of the above, please give full details: \_\_\_\_\_

List name and dosage of all medication: \_\_\_\_\_

Activity restrictions: \_\_\_\_\_

The health history is correct, as far as I know. I hereby give my permission to the physician, nurse, or dentist, selected by the representative of the Illinois Church of God State Offices, during the 2020 Youth Camps to secure medical and dental aid as required for illness of injury under a physicians orders, including transportation to and from the necessary facilities. I ASSUME ALL FINANCIAL RESPONSIBILITY IF MEDICAL TREATMENT IS REQUIRED FOR ANY REASON.

Medical Insurance coverage is provided under the following policy:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Health Card Number: \_\_\_\_\_

Providers Address: \_\_\_\_\_

I hereby give my permission for the nurse to administer acetaminophen/ibuprofen as needed by camper.  Yes  Call First

**REQUIRED Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pastoral Endorsement REQUIRED:** \_\_\_\_\_ **Date:** \_\_\_\_\_