

This form has been created for information collecting purposes for your church. Do NOT turn it in to the district office.

Camper Application

(Must be filled out completely by an adult)

Church City		Church Name	
First and Middle Name			Gender (Circle One) Male Female
Last Name		Shirt Size (Circle One): \$5 fee if not given; sizes not guaranteed after deadline Youth S M L Adult S M L XL	
Street Address		Email	
City	State	Zip	
Birthdate (mm/dd/yy) *Do not ask for age exceptions* / /		Age	Home Phone () -
Parent	Day Phone () -	Evening Phone () -	
Emergency Contact	Day Phone () -	Evening Phone () -	
Emergency Contact	Day Phone () -	Evening Phone () -	

REQUIRED BY LAW: Please list date of most recent immunization. \$5 fee if incomplete		
Polio	MMR	DTP
/ /	/ /	/ /
TB Skin Test (Not Required)		OR, check this box if you choose not to immunize. <input type="checkbox"/>
Date	Result	
/ /		

	Yes	No
Does the camper know how to swim?		
Is the camper allowed to swim at camp?		
Is there anyone your child can not be released to by law?*		
If so, who?		

*Your child will only be released to you, the emergency contacts, or the designated adult from your church unless you instruct otherwise.

Circle if your child wears: contact lenses glasses dental appliances

Chronic/Recurring Conditions: Please check all conditions that apply.	
<input type="checkbox"/> Asthma/Respiratory <input type="checkbox"/> Bleeding/Clotting Disorder <input type="checkbox"/> Constipation <input type="checkbox"/> Diabetes <input type="checkbox"/> Ear Infection <input type="checkbox"/> Emotional Disturbances <input type="checkbox"/> Epilepsy <input type="checkbox"/> Fainting <input type="checkbox"/> Headaches <input type="checkbox"/> Other _____	<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Kidney disease/bed wetting <input type="checkbox"/> Musculoskeletal disorder <input type="checkbox"/> Nosebleed <input type="checkbox"/> Seizures <input type="checkbox"/> Sickle Cell Trait or Disease <input type="checkbox"/> Special Dietary Regimen

May your child be given the following:	Yes	No
Tylenol		
Benadryl		
Ibuprofen		
May your child be given over-the-counter, non-prescription medications or applications, not to exceed recommended dosage for stomach discomfort, burns, cuts, insect bites, rash, or scrapes?		

List Exceptions:

**Page 2 must also be completed for your child's application to be accepted.
 This form must be completed online at www.northtexas.ag/KidsCamp**

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Camp #
Attending:

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Camper Application

Church City _____	Church Name _____
First and Middle Name _____	Last Name _____

Allergies: Please check all that apply, and list treatment required.	
<input type="checkbox"/> Animals _____	<input type="checkbox"/> Plants _____
<input type="checkbox"/> Food _____	<input type="checkbox"/> Pollen _____
<input type="checkbox"/> Insect Bites _____	<input type="checkbox"/> Hayfever _____
<input type="checkbox"/> Medicines/Drugs _____	<input type="checkbox"/> Other _____

Date of last examination: _____	
Are Activities Restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain. _____	
Name of Physician _____	Phone (____)____ - _____
Medical/Hospital Insurance Carrier _____	
Policy Number _____	Group Number _____

CONSENT AND CERTIFICATION: *I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the regularly scheduled activities of the North Texas District Assemblies of God Kids Camp, including swimming, boating, hiking, sporting events, and other activities customarily associated with a church camp. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, (except as noted above). I also give my consent to North Texas District Council to use photographs (individual or group) and/or multi-media images and recording of my child in the best interest of the North Texas District Council.*

MEDICAL TREATMENT AUTHORIZATION: *I understand that I will be notified in the case of medical emergency involving my child. However, in the event I or my assignee cannot be contacted, I authorize the adult in charge to consent to the providing of necessary medical services if my child is injured or becomes ill. I understand the North Texas District will not be responsible for medical expenses incurred solely on the basis of this authorization.*

DAMAGE RESPONSIBILITY: *I understand that participants at Lakeview Camp are liable for intentional or malicious property damage. Repair costs for damage caused by a participant will be billed directly to the participant and his/her legal guardian.*

COPIES: *A photocopy or electronic reproduction of this signed authorization may be considered valid.*

RESERVATION/REFUND POLICY: *A deposit and this application are required to reserve your space at Kid's Camp. The registration fee balance is due upon arrival at camp. The deposit is non-refundable.*

ADDITIONAL PAPERWORK: *I understand that I will need to complete sign an additional paper for my child to turn in on the day of camp in order to stay on the premises.*

Parent/Guardian Signature _____ Date _____

Both pages of the application MUST be completed for your child to be accepted. This form must be completed online at www.northtexas.ag/KidsCamp
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