## Virginia Camping Ministries Church of God of Prophecy



## P.O. Box 158 Troutville, VA 24175

CAMPE	R INFORMA	TION					
NAME OF CAMPER (Last, First, Middle Initial)	DATE OF BIRTH AGE BIRTH GE		BIRTH GENDE	ER			
	/	/		(0	Circle One):	М	F
ADDRESS	Has the camper ever been convicted of a crime?						
	If yes, please explain:						
CITY STATE ZIP	Shirt Size:	Youth _		Adult	(0	ne size or	าly)
PHONE: ( )	Member or	Attend C	hurch at:				
EMAIL ADDRESS:							
PARENT LEGAL O	GUARDIAN IN	NFORMAT	ION				
PARENT / LEGAL GUARDIAN (1):	PHC	NE NUM	BER: (	)			
PARENT / LEGAL GUARDIAN (2):	PHC	NE NUM	BER: (	)			
PARENT / LEGAL GUARDIAN ADDRESS (if different from campe	r):						
CAMP / RETREAT APPLYING FOR: (please check)			CAMPING	MINISTRIES I	INFO:		
Summer Youth Camps: July 14-24, 2024  Teen / Ages 13 – 18 / July 14-18 / \$195  Junior / Ages 9 – 12 / July 18-22 / \$195  Hot Shot / Ages 6 – 8 / July 22-24 / \$145  *\$20 late fee applied to camp applications received after June 14 <sup>th</sup> !.  Youth Retreats:  Spring / Ages 13 -25 / \$100 (early bird \$90 mailed by March 18 <sup>th</sup> )	Virginia Camping Ministries is open to all who complete the application in its entirety and return it with deposit/fee by the deadline   Campers must be within (3) three months of the age range of the camp/retreat in order to attend that respective event.   Campers will not be allowed to leave the campgrounds except the case of an emergency or with prior approval by the Camp Coordinators. Campers are required to attend all activities and to be on time   All medications, prescriptions, or OTC drugs must be given to the nurse when you arrive. Campers are not allowed to keep any medications with them or in their personal belonging. The nurse must dispense all medications. Report all illnesses & injuries to the nurs immediately.  FOR QUESTIONS CONTACT: Nikki & Ray Burton, VA COGOP Camp Coordinators						
Fall / Ages 13 -25 / \$100 (early bird \$90 mailed by Oct 10 <sup>th</sup> )	540-958-3128 (Nikki) or 540-958-4499 (Ray)   NBURTON4HIM@GMAIL.Co						
STATEMENT OF CERTIF	ICATION AN	D UNDER	STANDING				
I certify that all the information provided on this application is accurate to the abide by all the policies and discipline of the camp (referring to all camps and personnel. I also understand that the Church of God of Prophecy is not respon the right to utilize any or all photographs and/or video footage taken of camp CAMPER'S SIGNATURE (18 and older)	retreats sponsonsible for any va	red by The C luables and/	Church of God or personal pr	of Prophecy), its roperty that may	administration	n, and sta	ff
PARENT / LEGAL GUARDIAN SIGNATURE	DATE						
VOLUMILL NEED: Redding Towels Washcloths Toiletries Clothes (casual/sn	ort/church sond	ras) Shaes (	casual athloti	c flin flons or no	ol shoes) Pible	2	

\*ITEMS NOT TO BRING: Weapons, Electronics, Tobacco/Alcohol/Illegal Drugs, Valuables, Pets.

**DRESS CODE**: Please bring appropriate clothing. Clothing must not be too tight, too loose, or too short as to be revealing and/or a distraction. Camping Ministry Administration reserves the right to correct clothing concerns.

CREDIT CARD INFORMATION   OR call the office (540) 992-3696 to pay over the phone.						
Type of card (Circle One): Visa Master Card Discover	Card Number:					
Card Expiration: CVC Code:	Name as it appears on card:					
Amount of Charge: \$	Address of billing statement:					
Cardholder's Signature:	City: State: Zip:					
MAKE CHECK/MONEY ORDER TO: COGOP or Church of God of Prophecy Write name of child in MEMO of check MAIL TO: VA COGOP Camping Ministries, P.O. Box 158, Troutville, VA 24175-0158	WALK-INS NOT ACCEPTED, SO GET YOUR APPLICATIONS AND FEES IN ASAP! Register and pay online (www.vacogop.org).					

EMERGENCY CONTACT	MEDICAL PROCEDURES		
CAMPER NAME:	If a parent/legal guardian cannot be reached in an emergency, please notify:		
EMERGENCY CONTACT #1 (Name):	PHONE:		
EMERGENCY CONTACT #2 (Name):	PHONE:		
NOTE: Camp medical personnel will screen each camper upon arrival at check- in. In the event of illness (contagious and/or viral) or existing injury, camp personnel will be notified immediately.	Each camper will be screened for lice before being admitted to camp. If lice are detected no treatment will be administered by representatives of VA Camping Ministries; therefore, the camper will not be allowed to check-in. Legal guardian has the option to treat the camper off campus and return for a re-check within 24 hours.		
MEDIC	AL DATA		
Indicate recent illnesses, medical complications, surgeries, and any known allergies (bee, food, etc.) or physical limitations:	List the name, dose, and frequency of medication the camper takes on a regular basis:		
Are there any specific activities that need to be restricted?			
MEDICAL IN	IFORMATION		
POLICY HOLDER NAME:	I further understand that my medical insurance company will serve as the Primary Coverage.		
INSURANCE CO:	All medical treatment and records are strictly confidential and are to be accessed by proper personnel only.		
POLICY NUMBER:			
CONSENT & REL	EASE STATEMENT		
In the event that I or my child named above becomes ill or is injured while under the s (1) Contact the parent / legal guardian of the camper (campers under the age of 18) and folic can be reached immediately, camp authorities are authorized to use the best judgment in co medical, surgical, or other care; (3) By this CONSENT, I appoint the proper camp authority as Virginia Camping Ministries may provide first aid and basic nursing care to my child. T (pain reliever) Diphenhydramine (allergy relief), Ibuprofen (pain/fever) Sore throat lozenges, soreness, sunburn relief, pain relief spray, swimmers ear treatment, rash, and abrasion crean needs, to this form.  I understand that my child must be free from COVID-19 symptoms. Should symptoms rest of the people at camp. I will be contacted, and my child must be picked up within three hemonitor my child for symptoms of COVID-19 included by not limited to fever of 100.4* Fahre I will immediately notify Camp Management if I become aware of any persons with whisolate, quarantine, or has tested positive for COVID-19.  I VOLUNTARILY AGREE TO ASSUME ALL OF THE FORGOING RISKS AND ACCEPT SOLE RETO PERSONAL INJURY, DISABILITY, AND DEATH) ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, CONNECTION WITH MY CHILD(REN)'S ATTENDANCE AT CAMP OR PARTICIPATION IN CAMP PRELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE CAMP, IT'S EMPLULIBILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT O CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE CAMP, ITS EMPLOYEE OR AFTER PARTICIPATION IN ANY CAMP PROGRAM.	video footage taken of the camper or a staff member for promotional use or advertisement. upervision of Virginia Camping Ministries, I authorize camp authorities to do the following: ive his/her instructions; (2) In case of an emergency, when neither parent nor legal guardian ntacting a physician or other health care provider and to authorize the provision of necessary my attorney-in-fact for the purposes herein stated. he nurse may treat with the following medications: oral medications include: Acetaminophen Topical Medications, and treatments: itch relief, antibiotic ointment, bandages, muscle in a mattaching any special instructions regarding my child's allergies, medications, or specific is develop while in the care of Virginia Camping Ministries, my child will be separated from the nours of my being notified. I further voluntarily agree that Virginia Camping Ministries may inheit or higher, shortness of breath, chills, dry cough, sore throat, and muscle aches. How my child or I have had contact who exhibit any symptoms of COVID-19, are advised to self-inspective for any kind, That I or My CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED IN EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MY EXPERIENCE OR INCURE IN ROGRAMMING ("CLAIMS"). ON MY BEHALF, AND ON BEHALF OF MY CHILD(REN), I HEREBY DYSES, AGENTS, AND REPRESENTATIVE, OF ANY FROM THE CLAIMS, INCLUDING ALL FOR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY S, AGENTS, AND REPRESENTATIVES WHETHER COVID-19 INFECTION OCCURS BEFORE, DURING, and provided in the other benefits that I or my child receive, I do hereby release and apployees, and staff from all liability of any kind or nature, claim, demand or cause of action		
Parent/Legal Guardian/ Camper (age 18 and older) printed name			
Signature	Date		
***Office \	Jse Only***		

Amount Received \$ (	Cash	Check #	Date Received	Balance Due \$
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