

NOTE: Applications are 100% transferable within current year or 80% refundable if notification is received by day of registration. All applications must be POSTMARKED by May 15th to avoid a late fee charge of \$25.00. Please remit all inquiries to Coordinators office for approval NO LATER than day of registration.

CAMPER INFORMATION			
NAME OF CAMPER (Last, First, Middle Initial)		DATE OF BIRTH	AGE GENDER
ADDRESS		/ /	(Circle One): M F
CITY STATE ZIP		Has the camper ever been convicted of a crime?	
AREA / PHONE ()		If yes, please explain:	
EMAIL ADDRESS:		Member or Attend Church at:	

PARENT / LEGAL GUARDIAN INFORMATION	
PARENT / LEGAL GUARDIAN (1)	PHONE NUMBER
PARENT / LEGAL GUARDIAN (2)	PHONE NUMBER
PARENT / LEGAL GUARDIAN ADDRESS (if different from camper)	

CAMP / RETREAT APPLYING FOR:	AGE ELIGIBILITY RULE:
<p>(PLEASE CHECK ONE)</p> <ul style="list-style-type: none"> <input type="radio"/> PEE WEE \$105.00 Ages 6-8 3 nights <input type="radio"/> DISCOVERY \$195.00 Ages 9-11 5 nights <input type="radio"/> SENIOR \$195.00 Ages 12-14 5 nights <input type="radio"/> COLLEGIATE \$195.00 Ages 15 - 19 5 nights 	<p>Applicant must be designated age of camp by September 1 of camping season. Exceptions can only be made by special permission and at the discretion of the Camp Director(s). You must obtain Pre-Approval prior to the start of camp for exceptions to be granted.</p> <p>Age limits are necessary for proper safety, health, and maturity standards. Due to capacity limitations and lesson material content, CAMPERS may only attend ONE camping session of their proper age group.</p>

DUE TO INSURANCE REGULATIONS AND SAFETY OF CAMPERS, CAMPERS MUST REMAIN ON CAMP GROUNDS UPON CHECK-IN OF REGISTRATION DAY AND REMAIN UNTIL APPOINTED CHECK-OUT TIME. THERE ARE SOME EXCEPTIONS DUE TO EMERGENCIES. PLEASE SEE CAMP DIRECTOR(S) FOR APPROPRIATE PROCEDURES.

STATEMENT OF CERTIFICATION AND UNDERSTANDING

I certify that all the information provided on this application is accurate to the best of my knowledge. I understand that signing this application that I am agreeing to abide by all the policies and discipline of the camp (Camp Boothe referring to all camps and retreats sponsored by The Church of God of Prophecy), its administration and staff personnel. I also understand that Camp Boothe nor The Church of God of Prophecy are responsible for any valuables and/or personal property that may be lost or stolen. Camp Boothe reserves the right to utilize any or all photographs and/or video footage taken of camper for staff member for promotional use or advertisement.

_____ DATE
CAMPER'S SIGNATURE (18 and older)

_____ DATE
PARENT / LEGAL GUARDIAN SIGNATURE

YOU WILL NEED: Bedding, Towels, Washcloths, Toiletries, Clothes (casual / sport / church services), Shoes (casual, athletic, flip flops or pool shoes), Bible
*** ITEMS NOT TO BRING:** Weapons, electronics (including cell phones), tobacco, valuables, snacks/drinks, 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 (We accept - Visa, MasterCard, Discover)			
Type of Card (Circle One) Visa MasterCard Discover	Card Number:		
Card Expiration: CVC Code:	Name as it appears on card:		
Amt of charge \$	Address of billing statement:		
Cardholder's Signature:	City, State, Zip		

FOR OFFICE USE ONLY

Amount Received _____ Cash _____ Check _____ # _____ Date Received _____ Balance Due _____

CAMP BOOTHE CAMPER MEDICAL INFORMATION

CAMPER INFORMATION

MEDICAL PROCEDURES

CAMPER NAME
If parent/legal guardian cannot be reached in an emergency, please notify:
Emergency Contact 1
Name:
Phone:
Emergency Contact 1
Name:
Phone:

NOTE: CAMP MEDICAL PERSONNEL WILL SCREEN EACH CAMPER UPON ARRIVAL AT REGISTRATION. 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 CAMP BOOTHE; THEREFORE, THE CAMPER WILL NOT BE ALLOWED TO REGISTER. LEGAL GUARDIAN HAS THE OPTION TO TREAT THE CAMPER OFF CAMPUS AND RETURN FOR A RE-CHECK WITHIN 24 HOURS.

MEDICAL DATA

Indicate recent illnesses, medical complications, surgeries, and any known allergies (bees, food, etc.) or physical limitations:

All medical treatment and records are strictly confidential and are to be accessed by proper personnel only.

Any specific activities to be restricted?

PLEASE LIST ANY PERSON(S) OTHER THAN PARENT / LEGAL GUARDIAN

LIST THE NAME, DOSE & FREQUENCY OF MEDICATIONS THE CAMPER TAKES ON A REGULAR BASIS:

TO WHOM CAMPER MAY BE RELEASED FOR CHECK-OUT. FOR THEIR PROTECTION CAMPERS WILL NOT BE RELEASED TO ANYONE OTHER THAN THOSE LISTED BELOW. ANYONE LISTED MUST PROVIDED A VALID PHOTO ID IN ORDER TO TAKE CAMPER.

MEDICAL INFORMATION

CONTRACT HOLDER NAME:

INSURANCE CO:

POLICY NUMBER:

I further understand that my medical insurance company will serve as the Primary Coverage.

CONSENT & RELEASE STATEMENT

Please read and initial each statement and sign at the bottom.

_____ In the event that I or my child named above becomes ill or is injured while under the supervision of Camp Boothe, I authorize camp authorities to do the following:

- Contact the parent / legal guardian of the camper (campers under the age of 18) and follow his/her instructions;
- In case of an emergency, when neither parent nor legal guardian can be reached immediately, camp authorities are authorized to use best judgment in contacting a physician or other health care provider and to authorize the provision of necessary medical, surgical, or other care;
- By this CONSENT, I appoint the proper camp authority as my attorney-in-fact for the purposes herein stated.

_____ I give consent for my child to participate in all activities at Camp Boothe.

_____ I give consent for Camp Boothe to utilize any or all photographs and/or video footage taken of camper for staff member for promotional use or advertisement.

_____ I am attaching any special instructions, in regard to my child's allergies, medications, or specific needs, to this form.

_____ In consideration of Camp Boothe, Inc. making available Camp Boothe and for the other benefits that I or my child receive, I do hereby release and discharge The Church of God of Prophecy, Camp Boothe, Inc., Camp Boothe, its agenda, employees, and staff from all liability of any kind or nature, claim, demand or cause of action which might be asserted. I understand that this is a RELEASE and with that knowledge, I voluntarily sign it.

Parent / Legal Guardian / Camper (18 and older)

Printed Name

Signature

Date