

# YOUTH CAMP 2016 (IN)DEPENDENCE

**Registration Cost:**

- EARLY:** \$129 - Post Marked by May 6th **Free T-Shirt**  
**Standard:** \$139 - T-Shirt \$10 Extra  
**Walk On:** \$149 - Received after June 27th T-Shirt \$10 Extra

**Please Check Camp:**

- |                                   |            |             |
|-----------------------------------|------------|-------------|
| <input type="checkbox"/> Kids     | July 6-9   | Ages: 6-9   |
| <input type="checkbox"/> Pre-Teen | July 6-9   | Ages: 10-12 |
| <input type="checkbox"/> Teen     | July 11-15 | Ages: 13-18 |

Date Received: \_\_\_\_\_

- Early Registration  
 Standard Registration (After May 6th)  
 Enclosed: \_\_\_\_\_ Deposit: \_\_\_\_\_  
 \$10 T-Shirt (if after May 6th<sup>th</sup>): \_\_\_\_\_  
 Pre-Paid Canteen Card: \_\_\_\_\_

**Mail Application with \$25 deposit to:**  
 Illinois Church of God  
 P.O. Box 978, Decatur, IL 62525

**Walk Ons/After June 27th** bring on the first day of camp to Camp Warren  
 4225 Camp Warren Ln, Decatur

**PLEASE PRINT CLEARLY**

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: M  F  Birth date: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Church: \_\_\_\_\_

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

**ONLY EARLY REGISTRATION Includes a T-Shirt - Standard Registration \$10 - Please indicate Size:**

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

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

- ⇒ ARRIVAL: Registration begins at 1:00 on the first day of camp, first meal is dinner
- ⇒ DEPARTURES: Pick-up is at 10:00 on the last day of camp, last meal is breakfast

**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, action and words can provide a good or bad example
- Abstain from obscene language
- Abstain from drug, alcohol, or tobacco use
- Recognize that any public display of affection at functions 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. 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 Affection:** Any offense could result in contact of the parent/guardian to address the problem with their youth.

**Property Damage:** Any person 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.

**Mobile Phones and Portable Media Players:** Are not permitted.

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

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

## Consent and Release of Liability 2016 Youth Camp

I, \_\_\_\_\_, hereby acknowledge that it is my desire for my child to be a participant in the 2016 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 2016 Illinois Church of God Youth Camps including transportation to and from this event and all its related activities, I hereby release and discharge the 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 or demands I and my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from 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 this 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 part of the 2016 Illinois Church of God Youth Camp program, including any mission project or activity conducted outside the Camp Warren, Decatur, IL.

\_\_\_\_\_(Name of Minor), will participate as a camper in the Church of God Youth Camping program which runs from July 6-9/July 11-15, 2016.

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, employee or agent of the Illinois Church of God State Office.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2016      Signature \_\_\_\_\_  
Parent or Guardian

## REGISTRATION AND MEDICAL CONSENT FORM

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code Area Code

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code Area Code

Allergies:     Food: \_\_\_\_\_

Please be specific.     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"/> Asthma            | <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, so 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 2016 Youth Camps to secure medical and dental aid as required for illness or 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.

Name of Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Provider's Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## PASTORAL ENDORSEMENT (Required)

\_\_\_\_\_  
Pastor Signature

\_\_\_\_\_  
Date