



# 2014 Fall Youth Retreat

**Ages 13-19 October 3-5 at Camp Lowman**

Complete and mail to: Youth Retreat, PO Box 158,  
Troutville, VA 24175-0158

A \$10 non-refundable deposit must accompany this form.

Cost: \$55. Early Bird cost is \$45 if received by  
September 1, 2014 Walk in Cost will be \$60

**Personal Data** Local Church You Attend \_\_\_\_\_ Race: \_\_\_\_\_ Sex: **M / F** Age: \_\_\_\_\_

Name \_\_\_\_\_ Home Phone # ( ) - - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian's Name (s) (if under 18) \_\_\_\_\_

Day Phone # ( ) - - Night ( ) - - Cell Phone ( ) - -

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) - -

Other individuals authorized to pick up this person (If under 18): \_\_\_\_\_

I would like to room with: \_\_\_\_\_

**Coming on Church Van or  
Bus ? ☐ Yes ☐ No**

**Medical Data** Insurance Company: \_\_\_\_\_ Company Address: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please list any medical problems or unusual blood type that we should be aware of: \_\_\_\_\_

Allergic Reactions to: \_\_\_\_\_ Date of most recent tetanus shot: \_\_\_\_\_ Special Needs: \_\_\_\_\_

I hereby give my child permission to attend the Virginia Church of God of Prophecy YHT. In case of emergency, I understand that every effort will be made to contact me (Parent or Guardian). In the event that I cannot be reached, I hereby give my permission to the Camp Director and physician selected by the camp to secure proper treatment for, to hospitalize, and to order injection, anesthesia, and/or surgery for the camper. I understand sickness/illness and pre-existing conditions are not covered by the camp insurance. Therefore, it is my responsibility and the camp will not be liable for any of the expenses incurred in such cases. I hereby waive, release, and discharge any and all claims, demands and causes of action against camp officials, the Church of God of Prophecy of Virginia and the International Offices (Cleveland, TN), their agents, employees and participants to injury, damage, or loss of property my child may sustain at a Virginia COGOP Retreat. I hereby affirm that I have read and agree with all information on the application form.

**NOTE: Camp nurse must administer ALL medications. The nurse will be present to collect medications at registration.** If under 18, I hereby give my child permission to attend the Virginia Church of God of Prophecy Youth Retreat.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Consent Signature of Parent or Guardian** Date **Applicant Signature if over 18** Date

I CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IN SIGNING THIS APPLICATION I AM AGREEING TO ABIDE BY ALL THE POLICIES AND DISCIPLINE OF THE CAMP (REFERRING TO ALL CAMPS SPONSORED BY THE CHURCH OF GOD OF PROPHECY), ITS ADMINISTRATION AND STAFF PERSONNEL.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Signature of Parent or Guardian** Date **Applicant Signature if over 18** Date

## OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

DEPOSIT RECEIVED: \$ \_\_\_\_\_

AMOUNT DUE: \$ \_\_\_\_\_

CABIN ASSIGNMENT: \_\_\_\_\_

## Retreat/Room Information

+Regular Cost \$55

+Early Bird Cost: received prior to September 1: \$45

+Registration begins at 3PM Friday, October 3, 2014

+Retreat ends at 1PM on Sunday, October 5, 2014

I would like to room with \_\_\_\_\_

**You will need bed linens (twin size) or a sleeping bag, pillow, towels/washcloths, flashlight, Bible, some extra spending money to purchase items from the snack stand (soft drinks, candy, or other snacks). Bring a bathing suit, dirty clothes bag, appropriate shoes for recreation. Toiletry items (Toothbrush & paste, soap, shampoo, etc.) Robe/cover-up for going to pool and bathrooms.**

+Camper must have reached 13<sup>th</sup> Birthday by September 1, 2014

+\$10 discount per additional child from same immediate family

+Ages: 13-19

+Campers must leave the campground by 1:30PM on Sunday, October 5, 2014

**Special Note: For GPS Navigation: Use the following address: 11744 Leesville Road Huddleston, VA 24104**

**Camp is Located at 11738 Leesville Road.**

### ***Camp Lowman Rules***

*Camp rules are designed to preserve an atmosphere of Christian growth, maintain a high standard of conduct and to insure the safety of the campers. Camp is a happy, positive place!*

- Campers will not be allowed to leave the campground without permission from the deans and/or directors. Campers are required to attend all camp activities and to be on time.
- After lights out, campers should not leave the dorm without permission from a cabin leader for their personal safety.
- All medications prescription or OTC drugs must be given to the Camp Nurse when you arrive. Campers are not allowed to keep any medications with them or in their personal belongings. The Camp Nurse must dispense all medications. Report all illnesses & injuries to the Camp Nurse immediately.
- Use of profanity, possession/use of fireworks, matches, lighters, tobacco products, alcohol, illegal drugs, or weapons of any kind are strictly prohibited and **will be considered grounds for immediate expulsion from campground.**
- Dress code prohibits midriff exposing tops, extreme shorts, suggestive or translucent clothing. Also any shirts promoting/advertising alcohol, tobacco/drugs,
- Vulgar, profane or obscene statements or cult/occult illustrated apparel also will not be tolerated.
- Don't bring CD/DVD players, iPods, laptops or other electronic devices to camp. Cellphones are strongly discouraged. If the cellphone policy is abused, phones may be kept by the director until the end of camp. Camp is not the place for expensive items or large sums of money. Camp is not responsible if items are lost, damaged or stolen.
- Respect camp property. Damage to camp property will result not only in expulsion from the camp, but liability to the parents/guardian.
- Visitors must register their visit with the Camp Coordinator and must agree to abide by the camp rules.
- No inappropriate behavior, fighting or bullying will be tolerated. This also includes any PDA beyond holding hands.
- NO guys in the girl dorms and NO girls in the guy dorms! Campers are not allowed to go to cars or cross road after being registered as a camper.

**Anyone who is unwilling to abide by these camp rules may be sent home. May Blessings and safety abide upon all campers and staff, during your time at Camp Lowman!**

## ***Permission to Give Medications***

***Camp nurse must administer ALL medications. The nurse will be present to collect medications during registration.***

All campers will receive a brief medical screening upon their arrival. Medications will be turned in to the camp nurse. The Camp nurse must administer all medications. ***Prescriptions should be clearly labeled in the Original bottle.*** Medications will not be accepted unless in their original prescription container or legal guardian accepts responsibility for any medications not in their original bottle. Send only the amount needed while at camp. Please make sure that any special health need is clearly marked on your application with the camp nurse. Special needs should be discussed with the nurse and your cabin leader.

Anyone can contract head lice and unknowingly bring it with them to camp. Please have yourself checked thoroughly before camp. We cannot allow anyone with head lice/nits to remain at camp. Lice checks will be done in a secluded area at time of registration.

Campers Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Parent/Legal Guardian Phone Number \_\_\_\_\_

Parent/Legal Guardian Cell Phone Number \_\_\_\_\_

Other Number \_\_\_\_\_

I hereby accept responsibility for this unmarked medication and attest that it is indeed \_\_\_\_\_ and is to be administered according to the following guidelines

(Name of Medication) \_\_\_\_\_ (Dosage and Special Instructions)

I hereby give my child permission to attend the Virginia Church of God of Prophecy Youth Camp. I authorize my child to receive medical attention from qualified medical personnel, both on campus and off, should such action be necessary. I understand that camp officials will make every attempt to contact me should emergency medical attention be required. I give my permission for my child to participate in all activities of the Church of God of Prophecy Youth Camp and waive all claims. I hereby waive, release, and discharge any and all claims, demands, and causes of action against camp officials, the Church of God of Prophecy in Virginia, and the International Offices of the Church of God of Prophecy (Cleveland, TN), their agents, employees, and participants to injury, damage, or loss of property my child may sustain at Virginia Church of God of Prophecy Youth Camp. I hereby affirm that I have read and agree with all information on this Application form.

I CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IN SIGNING THIS APPLICATION I AM AGREEING TO ABIDE BY ALL THE POLICIES AND DISCIPLINE OF THE CAMP (REFERRING TO ALL CAMPS SPONSERED BY THE CHURCH OF GOD OF PROPHECY), ITS ADMINISTRATION AND STAFF PERSONNEL.

Parent's Signature \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(Consent Signature) Date

Applicant's Signature \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(Applicant) Date

***Must have Parent or Guardian Signature if Camper is under 18***