**EMPOWERED** 

2018 Application

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M.I. \_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_ T Shirt Size (Circle one) : S M L XL XXL XXXL

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church I regularly attend (local church name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor Name and Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Phone Number #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Phone Number #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Retreat Information:**

**February 23rd-24th**

**EMPOWERED** is for ages (12-25)

*Retreat registration will begin Friday the 23rd at 430pm. Services will start at 7pm with snacks to follow. Saturday will have breakfast, and lunch and will conclude by 5pm.*

**Application Deadline:**

Tuition: $40 (Due at Registration)

Tuition includes food and accommodations Friday and Saturday and a T-Shirt

Applications can be emailed to: kycogop@comcast.net

Applications may be brought the day of the retreat, but T-shirt sizes will not be guaranteed.

**Medical History**

Please list medications that will need to be taken while at the retreat:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies (food, medicinal, etc)

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Permission for your student to be administered over the counter medications (if under 18)?

(Circle One) Yes No

**Statement of Certification and Understanding | Media Release**

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 and retreats sponsored by the Church of God of Prophecy), it’s administration, staff and personnel. Any conduct incompatible, inconsistent or conflicting with the mission of Camp Nikao will constitute reason or cause for dismissal from camp and/or the decision to refuse acceptance to future camps. In signing, I also give permission for this camper to participate in camp pictures and video. The pictures or video may be used in camp slide shows that are distributed to each camper and also published to social media for camp promotion and updates. If you do not wish for your child to participate in camp pictures or video, please attach a note stating this request and sign it

Participant Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if under 18): Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_