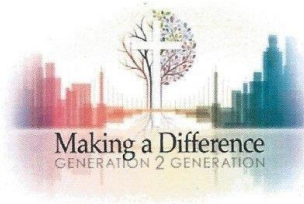


# Camp Nikao

KY COGOP  
Camping Ministries



## Mail To

Kentucky COGOP State Office  
PO BOX 220  
Elizabethtown, KY 42720

## Or Email To

kycogop@comcast.net

## Camper Application

**ALL AREAS MUST BE FILLED OUT AND SIGNED OR APPLICATION MAY BE RETURNED**

<u>Hot Shot Camp</u> Ages 5 - 7 June 19th - 21st <input type="checkbox"/>	<u>Junior Camp</u> Ages 8 - 12 June 21st - 25th <input type="checkbox"/>	<u>Teen Camp</u> Ages 13 - 18 June 14th - 19th <input type="checkbox"/>	<u>Next Steps</u> Ages 19+ June 14th - 19th <input type="checkbox"/>
--	---	--	---

Tuition ( Includes camp picture, \$5 snack card, and t-shirt)	Hot Shot Camp	Junior Camp	Teen Camp	Next Steps
Early Bird- Postmarked before June 1	\$45.00	\$110.00	\$140.00	\$140.00
Regular- Postmarked after June 1	\$50.00	\$125.00	\$155.00	\$155.00

**Applications must be filled out and signed by a parent or guardian with legal custody.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Gender M or F

Email Address \_\_\_\_\_

Circle Shirt Size YS YM YL S M L XL 2XL 3XL

Parent or Legal Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Other persons to whom camper may be released (Names and Numbers)

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

Church You Regularly Attend \_\_\_\_\_

Pastor Name and Number \_\_\_\_\_

\*Camper Applications are accepted without regard to sex, race, religion, national origin or physical or mental handicap.

### Cabin Room Mate Preference (optional) No More Than Two

Name \_\_\_\_\_

Name \_\_\_\_\_

## Camp Participation Guidelines

All campers are expected to abide by camp guidelines. Campers may be dismissed from camp in the event that behaviors are unacceptable. No camp tuition refunds will be given. Campers may not leave the campground once camp has begun without the knowledge and approval of camp director. Campers are expected to attend and participate in all the camping program. Camp Nikao is a Christian camp and all campers should conduct themselves in a morally and respectable manner. Lying, stealing, fighting, harassment, use of profanity, sexual promiscuity or any other criminal acts or behaviours will not be tolerated at Camp Nikao and will result in the dismissal from camp and possible criminal prosecution. Campers may not possess tobacco, alcohol, non-prescribed to the camper drugs or medications, firearms, knives, or weapons of any kind. Campers may not leave their cabin after curfew or before wake up without the consent of director, dean, or staff knowledge. Deliberate or intentional destruction of camp property will become the financial responsibility of the camper and or parent/guardian. No food or pets allowed in the cabins. No personal visitations allowed while camp is in progress. Camp Nikao is not responsible for the loss or damage of personal possessions during camp. **I have read, understand, and agree to abide by the campground rules, policies and guidelines.**

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

Parent/Guardian Signature \_\_\_\_\_

### Health Insurance Information

\_\_\_\_\_  
Name of Insurance Carrier Policy Holder Relationship

\_\_\_\_\_  
ID Number Group Number Address and Number

**If parents cannot be reached in case of emergency, please notify**

\_\_\_\_\_  
Name and Relationship Number

### Medical Consent

In the event that I (parent or guardian) cannot be reached, I give permission to the camp director and physician selected by the camp to secure proper treatment for the camper, to hospitalize, order injection, anaesthesia, and or surgery for the camper.

\_\_\_\_\_  
Parent Signature/Camper (if over 18)

### Health History (Check all that apply)

\_\_\_ Epilepsy \_\_\_ Asthma \_\_\_ Coma \_\_\_ Kidney Trouble \_\_\_ Convulsions \_\_\_ Heart Trouble  
\_\_\_ Tuberculosis \_\_\_ Diabetes \_\_\_ Fainting \_\_\_ Sleep Walking \_\_\_ Rheumatic Fever \_\_\_ HIV/AIDS  
\_\_\_ ADHD/ADD \_\_\_ EBD Other \_\_\_\_\_

### Allergies (Check all that apply)

\_\_\_ Bee/Wasp Sting \_\_\_ Pollens \_\_\_ Poison Ivy/Oak/Sumac \_\_\_ Penicillin  
Other Drugs \_\_\_\_\_ Foods \_\_\_\_\_  
Other Allergies \_\_\_\_\_

### Other Medical Information

Most Recent Tetanus \_\_\_\_\_ Recent Operations \_\_\_\_\_  
Special Diet \_\_\_\_\_ Physical Restrictions \_\_\_\_\_  
Medications Taken \_\_\_\_\_

### Permissions

I give permission for the camper to be given over the counter medications: Yes No  
I give permission for the camper to go swimming (lifeguard supervised): Yes No  
I give permission for the camper to participate in water baptism: Yes No  
I give permission for the camper to attend staff supervised field trips: Yes No

By signing this form you confirm that the above information is updated and accurate. Also, by signing you give permission to Camp Nikao and its affiliate COGOP to use any pictures or videos for promotional purposes, including but not limited to websites, flyers, and social media. Should you not want your camper to be photographed or videotaped, please provide a written/signed statement.

\_\_\_\_\_  
**Parent/Guardian Signature (Camper if over 18)**

**We value the health of our campers and staff. Due to Covid-19 regulations and health department restrictions the following questions need to be answered.**

Yes No \* Do you give permission for the campers temperature to be taken daily with a no contact thermometer?

Yes No \* Does the camper agree to follow all posted guidelines on the campgrounds?

\_\_\_\_\_  
**Camper Signature**

\_\_\_\_\_  
**Parent/Guardian Signature (Camper if over 18)**

\_\_\_\_\_  
**Date**

**These questions will need to be answered at the time of the camper drop off.**

Yes No \* Has the camper or anyone in the household had any of the following symptoms in the last 14 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit?

Yes No \* Has the camper or anyone in your household been tested for COVID-19 in the past 14 days?

Yes No \* Has the camper or anyone in your household visited or received treatment in a hospital, clinic or other health care facility in the past 14 days ?

Yes No \* Do you have any reason to believe that the camper or anyone in your household has been exposed to or acquired COVID-19 in the past 14 days?

Yes No \* To the best of your knowledge, has the camper been in close proximity to any individual who tested positive for COVID-19?

\_\_\_\_\_  
**Camper Signature**

\_\_\_\_\_  
**Parent/Guardian Signature (Camper if over 18)**

\_\_\_\_\_  
**Date**

**- Camp Address for drop-offs: 7566 Shepherdsville Rd, Elizabethtown, KY 42701**

**- All Camper drop-offs are from 2pm-4pm the first day of camp.**

**- Hot Shot, Teen and Next Step Camper Pick up is 10AM on the last day of camp.**

**Junior Camp Pickup on the last day of camp will be at 1PM**

**Please be on time!**

**For Office Use Only**

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

Tuition \_\_\_\_\_ Extra Snack Cards \_\_\_\_\_

Deposit \_\_\_\_\_

Amount Due \_\_\_\_\_

Payment Type \_\_\_\_\_

Check # \_\_\_\_\_

Amount \_\_\_\_\_

