

Camper InformationCamper Name _____ Male Female
Last First

Birthday ___ / ___ / ___ Age _____ Home Phone(____) _____ - _____ Alt Phone (____) _____ - _____

Street Address _____ City _____ State ___ Zip Code _____

Parent / Guardian Information

Parent / Guardian Name/s _____

Street Address _____ City _____ State ___ Zip Code _____

Parent/Guardian Phone: Home (____) _____ - _____ Work(____) _____ - _____ Alt(____) _____ - _____

Emergency Contact Information

In case of emergency and the parent/guardian cannot be reached, please notify:

Name _____ Phone (____) _____ - _____ Work(____) _____ - _____

Relationship to camper _____

All shorts and skirts/dresses must be no shorter than fingertip length when standing. Staff have the right to ask campers to change if inappropriate. Remember to bring old clothes for special activities such as water days, messy days, etc. Bring your Bible, bedding & hygiene items (deodorant, soap, etc.) Bring swimwear to swim in pool. Please bring money for Snack Shack that is there. The camp is not responsible for any lost or stolen personal possessions (i.e. Cellphone, Ipods) The use of drug, alcohol, tobacco or profanity will not be tolerated.

Camper Statement

I understand that camp rules are made for my protection and the protection of others, and so I promise to abide by all of the rules of the camp, and further understand that disciplinary action may be taken if I don't.

Signature of Camper _____

Date _____

Medical Information

- We do not have any Health Insurance coverage.
 We do have Health Insurance coverage. Below is the needed information should an emergency occur.

Name of Employer (other than self) _____

Employer Address _____ City _____ State ___ Zip _____

Home (____) _____ - _____ Name of Health Insurance Company _____

Policy/ Group Numbers _____

Health History

Please check the following if they apply and explain in area below: (List any additional information on a separate sheet.)

- Epilepsy Diabetes Convulsions Kidney Trouble Heart Trouble
 Rheumatic Fever Mental Disorders (Explain Below) Sleep Walking or Sleep Disorders

Explanation/ Special Instructions: _____

Allergic Reactions to the following: _____

Camper is taking the following medication (include reason): _____

Camper is presently on the following special diet (include reason): _____

Parent/Guardian Statement

I know that the Church of God of Prophecy is interested in the spiritual, moral, social and physical growth of my child. I desire that my child participate in the full Camp program and all activities on or off the campground, unless I advise you otherwise in writing. The Church of God of Prophecy has my permission to use my or my child's photograph publicly to promote the youth camp and other youth involved activities. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

In the event Camp personnel deem my child's behavior unacceptable, I understand that he/she may be sent home at my expense. I further understand that there will be no refund of the Camp tuition if this occurs.

I assume all responsibility if I allow my child to drive his/her vehicle to and from camp.

I agree that, having taken such precautions as in the Camp staff's discretion are deemed advisable, the Church of God of Prophecy, or staff shall not be held responsible of damages for any accident or sickness involving my child.

Also, in the event of an accident, I hereby authorize the Camp staff to administer first aid to my child until proper medical attention can be administered. I hereby authorize Midwest Rocky Mtn. COGOP & "The Crossing" Camp Staff to administer over the counter medicine. Campers may be inspected for lice upon arrival.

IN CASE OF MEDICAL EMERGENCY: I understand an effort will be made to contact the parent or guardian, and in the event that we cannot be reached immediately, I hereby give my permission to the physician selected by a Camp Official to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for my child named on this application.

Signature of Parent/ Guardian of Camper, or Camper if over age 18

Date

Send to:

Camp Directors
905 E. 6th St.
Atlantic, IA 50022

Questions contact: Ben or Tiffany Winford
Cell: 712-249-3042
bww07@yahoo.com

Campground Location
The Crossing at Lexington
1006 N Airport Rd
Lexington, NE 68850

