

THE CHURCH OF GOD
GEORGIA YOUTH CAMP 2024
APPLICATION
AGES 7-24

DATE: June 30-July 5 (Sunday 3PM- FRIDAY @ 11AM)

LOCATION- COASTAL EMPIRE CHRISTIAN CAMP
996 HILTONIA CREEK RD
SYLVANIA, GA 30467

THEME: "BELIEVE" Mark 9:23

TUITION: \$115 (INCLUDES CAMP PICTURE, SNACKS & T-SHIRT)

THERE WILL BE NO REFUNDS FOR PAID IN ADVANCE TUITIONS EXCEPT FOR EMERGENCY SITUATIONS.
IF YOU ORDER A CAMP SHIRT AND NOT ATTEND CAMP, A \$10 FEE TO THE CAMPING MINISTRIES IS REQUIRED.

NAME _____ ADRESS _____
CITY _____ STATE _____ ZIPCODE _____ TELEPHONE # _____
BIRTHDATE _____ AGE _____ GENDER _____ PARENT/GUARDIAN _____
EMERGENCY CONTACT NAME _____ TELEPHONE # _____
IS THIS CHILD CURRENTLY IN THE CARE OF DEPARTMENT OF FAMILY CHILDREN SERVICES? _____
IF YES, NAME OF THEIR CASEWORKER _____ CASE WORKER TELEPHONE # _____
IF DIFFERENT FROM PARENT/GUARDIAN, PLEASE PROVIDE PERSON WHO HAS PERMISSION TO PICK UP
CHILD? _____

TSHIRT SIZE: YS __ YM __ YL __ AS __ AM __ AL __ AXL __ OTHER _____ (please specify)

(Initial) ____ I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE FULL CAMPING PROGRAM AND ALL THE CAMP ACTIVITES UNLESS I NOTIFY THE CAMP DIRECTOR IN WRITING. I HAVE READ AND MADE MY CHILD AWARE OF ALL CAMP RULES AND GUIDELINES ATTACHED. IN THE EVENT OF AN ACCIDENT OR ILLNESS, I AUTHORIZE THE CAMP NURSE OR CAMP STAFF TO ADMINISTER FIRST AID TO MY CHILD UNTIL PROPER MEDICAL ATTENTION CAN BE ATTAINED.

(Initial) ____ I UNDERSTAND THAT ANY MAJOR MEDICAL OR ACCIDENTAL INSURANCE THAT COVERS MY CHILD SHALL BE USED AS THE PRIMARY COVERAGE IN THE EVENT OF AN ACCIDENT, INJURY OR ILLNESS WHILE ATTENDING CAMP. IF AND WHEN THOSE BENEFITS ARE EXHAUSTED, THE ACCIDENT, INJURY OR ILLNESS POLICY PROVIDED BY THE CHURCH OF GOD CAMPING MINISTRIES IN GEORGIA WILL PAY WHATEVER BENEFITS ARE STATED IN THE POLICY. IF MY CHILD HAS NO HEALTH INSURANCE COVERAGE OF ANY KIND, I UNDERSTAND THAT THE POLICY PROVIDED BY SAID CHURCH CAMPING MINISTRIES WILL PAY WHATEVER BENEFITS ARE STATED IN THE POLICY, AND THAT I WILL BE RESPONSIBLE FOR ANY OUTSTANDING CHARGES.

(Initial) ____ IN CASE OF A MEDICAL EMERGENCY I UNDERSTAND AN EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIAN OF THE CAMPER. IN THE EVENT I CANNOT BE REACHED, THE ABOVE INDICATED EMERGENCY CONTACT WILL BE NOTIFIED. IN THE EVENT THAT NAMED PERSON CANNOT BE REACHED, I UNDERSTAND (THAT SHOULD ANY ACCIDENT/INJURY/ILLNESS OCCUR), I GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE PROPER TREATMENT FOR AND ORDER INJECTION, ANESTHESIA OR SURGERY FOR MY CHILD AS NAMED ABOVE.

(Initial) ____ I ACKNOWLEDGE THAT THE CHURCH OF GOD CAMPING MINISTRIES DOES NOT HAVE A REGISTERED LIFEGUARD ON CALL DURING POOL TIME. I UNDERSTAND THERE WILL BE ADULT SUPERVISION IN PLACE FOR MONITORING THE POOL DURING SWIM TIME. I GIVE MY CHILD PERMISSION TO SWIM UNDER THESE CONDITIONS.

(Initial) ____ I ACKNOWLEDGE THAT PHOTOS WILL BE TAKEN AT THIS CAMP FOR PROMOTIONAL/MEDIA SHARING USE, AND HEREBY CONSENT TO ALLOW THE DESIGNATED PHOTOGRAPHER OF THE CHURCH OF GOD TO TAKE GROUP AND ACTIVITY RELATED PHOTOS OF MY CHILD. PHOTOS WILL BE TAKEN ONLY IN APPROPRIATE SETTINGS.

(Initial) ____ I ACKNOWLEDGE A WATER BAPTISM SERVICE WILL BE CONDUCTED DURING CAMP. IF MY CHILD DESIRES TO BE BAPTIZED AT CAMP BY A MINISTER OF THE CHURCH OF GOD, HE/SHE HAS MY PERMISSION TO DO SO.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF _____ (child's name), my child/ward, being allowed to participate in any way in the Church of God State of Georgia Youth Camp and related events and activities, undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.

2. Intentional or purposeful conduct by a particular individual or child, without the prior knowledge, consent, or reasonable apprehension of the Church of God State of Georgia or camp staff, which could harm my child is possible, and even though the Church's and staff's efforts and policies are intended to eliminate or reduce any such risk, injuries caused by the intentional conduct of an individual child or adult are beyond the control of the Church and staff and are solely caused by the individual directly causing harm and not the Church or any of the staff or volunteers associated with the camp or church who did not commit an intentional act causing harm; and THEREFORE

3. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and, I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,

I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The Church of God State of Georgia, its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, owners, lessors of premises used to conduct the event, and any staff or volunteers working at the referenced camp ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is a contract, and my child's participation in this Camp is conditioned upon my execution and agreement to all of the terms on both pages of this Release of Liability for Minor Participants. Should any portion of this document be judicially determined invalid, void, or unenforceable for any reason, such portion shall be severable from the remaining portions and shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Release of Liability for Minor Participants.

For my child, _____ (CHILD'S NAME)

(PRINT NAME) _____ (PARENT/GUARDIAN SIGNATURE)
Date Signed: _____

Prepared by Daniel J. O'Conner, Attorney At Law

RETURN WITH APPLICATION

THE CHURCH OF GOD
GEORGIA YOUTH CAMP
MEDICAL SHEET

NAME _____ AGE _____

PARENT/GUARDIAN _____ PHONE # _____

EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED. _____

PLEASE LIST ANY KNOWN ALLERGIES (FOOD, MEDICATIONS, INSECTS, ETC.)

SPECIAL DIETS:

PLEASE LIST ANY OTC (Benadryl, Tylenol, etc) MEDICATIONS THAT CANNOT BE ADMINISTERED TO YOUR CHILD.

LIST ANY PHYSICAL OR HEALTH RESTRICTIONS THAT WOULD LIMIT YOUR CHILD FROM PARTAKING IN CAMP ACTIVITIES SUCH AS: running, jumping, swimming, lifting, etc.

LIST ALL MEDICATIONS AND INSTRUCTIONS TO ADMINISTER (all medications are to be turned in to the camp nurse at registration. ALL MEDICATION MUST BE IN ITS PRESCRIBED BOTTLE WITH THE CHILD'S NAME/PHYSICIAN NAME AND PHONE NUMBER ON IT.

LIST ANY OTHER MEDICAL OR HEALTH CONCERNS:

I GIVE PERMISSION FOR THE CAMP NURSE TO ADMINISTER MEDICATION TO MY CHILD AS LISTED ABOVE.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PLEASE REMIT APPLICATIONS TO:

RENA ROWELL

485 McEACHIN LANDING

HAZLEHURST, GA 31539

(OR)

EMAIL: youthcamptcogga.org

(912) 539-5103

RETURN WITH APPLICATION

THE CHURCH OF GOD CAMPING MINISTRIES
RULES AND GUIDELINES

1. THERE WILL BE A HEAD LICE CHECK PRIOR TO REGISTRATION. ANY PERSON FOUND WITH LICE, OR EVIDENCE OF LIVE NITS WILL NOT BE PERMITTED TO REGISTER FOR CAMP. THIS IS FOR THE PROTECTION OF OTHER CAMPERS AND STAFF.
2. ENJOY THE USE OF THE CAMPGROUND, BUT PLEASE TREAT THE CAMPGROUND AND ITS CONTENTS WITH RESPECT.
3. DO NOT LEAVE THE CAMP PREMISES FOR ANY REASON, UNLESS BEING CHECKED OUT BY PARENT/GUARDIAN.
4. RESPECT THE RIGHTS OF OTHERS AND THEIR PERSONAL PROPERTY.
5. DO NOT BORROW COMBS, BRUSHES OR HATS
6. LISTEN CAREFULLY TO THE REQUESTS OF STAFF AND FOLLOW INSTRUCTIONS.
7. ARRIVE ON TIME AT ALL SCHEDULED ACTIVITIES. ONE (1) WHISTLE MEANS MAKE YOUR WAY TO THE ACTIVITY/ TWO (2) WHISTLES MEAN YOU SHOULD BE AT THE DESIGNATED AREA. CAMPERS SHOULD REMAIN AT THE SCHEDULED ACTIVITY (CLASS, MUSIC, ETC) UNTIL DISMISSED BY THE STAFF MEMBER IN CHARGE. IF YOU NEED TO GO TO THE CABIN DURING AN ACTIVITY, YOU MUST OBTAIN PERMISSION.
8. NO PRANKS
9. NO ROUGH PLAYING
10. NO SHARING BEDS/NO REARRANGING BEDS OR CABIN FURNITURE
11. PICTURE TAKING IS NOT PERMITTED IN THE RESTROOMS, DRESSING AREAS OR CHURCH SERVICES.
12. MALES SHOULD NOT ENTER THE FEMALES' QUARTERS AND FEMALES SHOULD NOT ENTER THE MALES' QUARTERS FOR ANY REASON.
13. **DRESS CODE: LEGGINGS ARE NOT PERMITTED FOR OUTWARD WEAR. ALL PANTS, DRESSES AND SKIRTS MUST BE AT LEAST MID CALF LENGTH. GIRLS MUST WEAR SKIRTS/DRESSES FOR EVENING CHURCH SERVICES. SHORTS MAY BE WORN AS SWIMWEAR AND SLEEPWEAR ONLY. NO TANK TOPS, SHEER CLOTHING, NO CLOTHING THAT EXPOSES THE STOMACH, BACK OR UNDERCLOTHES. NO SLEEVELESS TOPS, NO TIGHT-FITTING CLOTHES, NO LOW RIDING WAISTLINES, NO T-SHIRTS WITH PROFANE WORDS AND/OR IMAGES. EVERYONE SHOULD BE CLOTHED APPROPRIATELY AT ALL TIMES IN THE MAIN CABIN AREA.**
14. OFFENSIVE LANGUAGE AND/OR ACTIONS ARE NOT PERMITTED.
15. KNIVES, FIREARMS/WEAPONS AND TOBACCO PRODUCTS ARE ALL PROHIBITED.
16. CAMPERS ARE PROHIBITED FROM SELF MEDICATING. THIS INCLUDES PRESCRIPTION DRUGS AND OTC PRODUCTS. PLEASE SEE CAMP NURSE FOR MEDICATION.
17. ALL INCIDENTS (INCLUDING A VIOLATION OF A PERSON'S RIGHTS AND/OR PERSONAL PROPERTY) MUST BE REPORTED TO THE DEAN.
18. DISCIPLINE: 1ST WARNING- CABIN LEADER AND CAMPER RESOLVE ISSUE. 2ND WARNING- DEAN AND CAMPER RESOLVE ISSUE. 3RD WARNING-CAMPER WILL BE EXCLUDED FROM CAMP WITHOUT REFUND. TO DISCIPLINE MEANS TO "TEACH". THESE GUIDELINES ARE GIVEN TO HELP US TO COOPERATE AND RESPECT EACH OTHER. WHEN WE TREAT EACH OTHER AS WE WOULD LIKE TO BE TREATED, EVERYONE HAS A GREAT TIME.

**CELLPHONES ARE NOT ALLOWED. IF A CAMPER NEEDS TO CONTACT A PARENT, THEY ARE TO NOTIFY THE CABIN LEADER. PARENTS MAY ALSO REACH STAFF OR DIRECTOR FOR FOLLOWUP ON CAMPER.
THE CHURCH OF GOD NOR STAFF MEMBERS WILL BE RESPONSIBLE FOR LOST OR STOLEN PROPERTY.**

I HAVE READ, UNDERSTOOD AND AGREE TO ABIDE BY THE DRESS CODE AND ALL THE RULES AND GUIDELINES LISTED ABOVE.

PARENT SIGNATURE _____ CAMPER SIGNATURE _____

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