NORTH TEXAS ASSEMBLIES OF GOD
KIDS CAMPER APPLICATION

Camp No._____ **Camp Date**_____

Reservation/Refund Policy: A deposit and this application are required to reserve your space at camp. The registration fee balance is due upon arrival at camp. The deposit is **non-refundable** and **cannot be transferred** to another camper's *balance.*

FOR NTDC OFFICE USE ONLY

Date Received_____ Amount_____ Dorm #_____
□Check
□Credit Card Balance_____

PLEASE PRINT CLEARLY OR TYPE. FORM MUST BE COMPLETED AND SIGNED TO BE CONSIDERED!

Name_____
Address_____City_____State_____Zip Code_____
Church_____Church City_____
□Boy □Girl Age_____ Birthdate_____ Home Phone_____
Parent/Guardian_____Parent/Guardian Work Phone_____

Enclosed is my deposit of $_____
My T-Shirt size is (circle one): Kid's S M L and Adult S M L XL XXL

HEALTH HISTORY

IMMUNIZATIONS: ***Date (Month/Year) of last immunization is required for acceptance.***
___/___Oral Polio (OPV/IPV) ___/___MMR ___/___DTaP/Td (Diptheria/Tetanus/Pertussis) _____Tuberculin Test (result)

CHRONIC/RECURRING CONDITIONS: *Check all that apply.*

□asthma/respiratory problems	□ear infection	□sickle cell trait or disease	□bleeding/clotting disorders	□musculoskeletal disorders
□kidney disease/bed wetting	□special dietary regimen	□epilepsy	□hypertension	□other_____
□heart disease	□seizures	□headaches	□constipation	_____
□diabetes	□emotional disturbances	□fainting	□hearing impairment	_____
		□nosebleed		

Date of last examination_____**Are activities restricted?** □YES □NO ***If yes,*** *explain:*_____
ALLERGIES:□Food □Medicines/Drugs □Other_____*Treatment Needed:*_____
Camper has begun menstruation? □YES □NO □Not Applicable If no, is she informed about it? □YES □NO
Check if your child wears: □Contact Lenses □Glasses □Dental Appliance □Other_____
May your child swim at camp? □YES □NO
MEDICATIONS INFORMATION: Will your camper be bringing 4 or more medications to camp? □YES □NO
A Camp Medical Attendant will contact you with specific instructions if your camper has 4 or more medications.
A CAMPER MEDICATION FORM AND INSTRUCTIONS WILL BE MAILED WITH YOUR CAMP ACCEPTANCE LETTER. YOU MUST BRING THIS SEPARATE COMPLETED AND SIGNED FORM TO CAMP. Texas State Policy requires the medication statement to be completed within 24 hours before the start of this event.
IN CASE OF EMERGENCY: *If I cannot be contacted, please notify:*
Contact #1_____Home#_____Work#_____Cell#_____
Contact #2 _____Home#_____Work#_____Cell#_____
Name of Physician_____Phone#_____
Medical/Hospital Insurance Carrier_____**Policy/Group Number**_____
Is there anyone your child should NOT be released to? □YES □NO Their name(s)_____
Your child will be released only to you or the designated adult from your church unless you instruct otherwise.

CONSENT AND CERTIFICATION: *I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the regularly scheduled activities of the North Texas District Assemblies of God Kids Camp, including swim ming, boating, hiking, sporting events, and other activities customarily associated with a church camp. Further, I certify that my child is physic cally fit and adequately trained to participate in such events, including swimming, (except as noted above). I also give my consent to North Texas District Council to use photographs (individual or group) and/or multi-media images and recording of my child in the best interest of the North Texas District Council.*

MEDICAL TREATMENT AUTHORIZATION: *I understand that I will be notified in the case of medical emergency involving my child. However, in the event I or my assignee cannot be contacted, I authorize the adult in charge to consent to the providing of necessary medical services if my child is injured or becomes ill. I understand the North Texas District will not be responsible for medical expenses incurred solely on the basis of this authorization.*

DAMAGE RESPONSIBILITY: *I understand that participants at Lakeview Camp are liable for intentional or malicious property damage. Repair costs for damage caused by a participant will be billed directly to the participant and his/her legal guardian.*

COPIES: *A photocopy or electronic reproduction of this signed authorization may be considered valid.*

PARENT/GUARDIAN SIGNATURE_____**DATE**_____