

Camp registration form page 1

Please note: You may register online at www.restoringlivescc.org/camp. You may also register by mail by completing this form and mailing it and your deposit to: Lorraine Daley 19440 Seymour St NW Elk River, MN 55330. Registration forms may also be emailed to restoringlivescc@gmail.com. Questions? Call Sam Sellers for Kids Camp (712) 242-8654

Kids Camp Ages 6-11 | June 17 - 19 | Check in: 10am | Check out: 2pm

Part 1: Camper Information

Full name: _____ Mailing address: _____
Grade completed as of June 2022 (if under 19): _____ City: _____
Birth date: _____ State: _____
 Male Female Zip Code: _____
Camper phone: _____ Camper email: _____

Part 2: Parent/Guardian/Emergency Information

Parent/Guardian full name: _____ Relationship: _____
Parent/Guardian main phone: _____ Parent/Guardian email: _____

Emergency contact (must be different than guardian):

Full name: _____ Relationship: _____
Contact phone: _____ Contact email: _____

Signature of guardian is required if under 18: _____

Part 3: Camper Needs

Camper dietary needs: None Yes, please list: _____
(Examples: food allergies, restrictions, vegetarian, lactose intolerance, etc.)
If medications required, please fill out Medical form on page 4

Help us understand your camper's needs (disabilities, injuries, health issues, etc.) Check all that apply.

- | | | | |
|--|--|--|---|
| <input type="radio"/> No health concerns | <input type="radio"/> Autism | <input type="radio"/> Allergies (others) | <input type="radio"/> Physical Disability |
| <input type="radio"/> ADD | <input type="radio"/> Diabetes | <input type="radio"/> Anxiety/depression | <input type="radio"/> Asthma |
| <input type="radio"/> ADHD | <input type="radio"/> Genetic Syndrome | <input type="radio"/> Aspergers | <input type="radio"/> Sleeping Disorder |
| <input type="radio"/> Allergies (seasonal) | <input type="radio"/> OCD | <input type="radio"/> Epilepsy | <input type="radio"/> Other |

Other info - please provide additional information if needed: _____

Teen Camp Dates: June 14-18 | Kids Camp Dates: June 12-14

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Part 4: Camp Cost and Payment information

Note: a \$25 deposit is required with registration. If not included, please explain in comments section.

Camp Costs	Early Bird	At the Door
Kids Camp Cost	\$75	\$90

Checks: Make checks payable to: **Church of God of Prophecy**

Cash accepted

Pay Online at restoringlivescc.org/camp

Part 5: Release of Claims and Waiver of Liability

The undersigned applicant acknowledges, understands, and agrees that as to the contemplate camp retreat with the Church of God of Prophecy (COGOP):

1. There are unique physical demands and risks involved in all activities
2. Activities can be of a dangerous nature and may result in various types of injury including, but not limited to the following: sickness, exposure to infectious/communicable disease, dislocations, broken bones, lacerations, abrasions, bruising, strains, sprains, etc. Paralysis, distress, damage, or death can result by participation in any activity.
3. That instructions given must be followed for ongoing participation and safety of the applicant; and
4. That MN COGOP Camp leadership retains the right of final approval of all participants and the right to terminate a participant's involvement in camp at its discretion.

In consideration of conducting Camp and based on the above, MN COGOP, its board members, member churches, directors, employees, agents and the heirs, executors and assigns are released as to any and all claims for damages, including but not limited to injuries, whether to person or property, known or unknown that the undersigned has or may have in the future arising out of and in connection with the contemplated Camp

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. The undersigned irrevocably consents to and authorizes the use and reproduction of any and all photographic and video images taken during camp. The use and reproduction of images is at the discretion of the COGOP whether for advertising, promotional or other legal purposes without additional consideration or compensation to the undersigned. Originals and copies or images are and will remain the sole property of COGOP. 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 understand as an added measure to the safety of my child and to the other students that his/her keys will be collected at check-in and returned at check-out.

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 MN COGOP 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 or Camper if 18 or older

Date

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Part 6: CORONAVIRUS SUPPLEMENTAL RELEASE

Minnesota Church of God of Prophecy Kids and Teen Camp

Coronaviruses, like COVID-19, SARS, and the common cold, are a large family of viruses that can cause mild to severe upper or lower respiratory infections. Coronaviruses are contagious and believed to be spread by person-to-person contact. As a preventative measure, MN Church of God of Prophecy follows and recommends safety practices from federal, state, and/or local authorities designed to reduce the spread of coronaviruses.

MN Church of God of Prophecy cannot guarantee that I (or my minor child) will not be exposed to, become infected with, or suffer injury from a coronavirus or other communicable/infectious disease or sickness while on the premises, while traveling to any organizational activity, or while engaged in any organization-related activity.

By signing this agreement, I acknowledge the contagious nature of coronaviruses and other communicable/infectious diseases and sicknesses. I voluntarily assume the risk that I (or my minor child) may be exposed to, infected by, or suffer injury from a coronavirus or other communicable/infectious disease or sickness while at the organization, while being transported in connection with the organization, or while participating in organization-related activity. I further acknowledge that such exposure or infection may result in bodily injury, personal injury, emotional injury, illness, permanent disability and/or death, as well as medical expenses and other costs for myself (or my minor child).

I understand that the risk of becoming exposed to, infected by, or injured from a coronavirus or other communicable/infectious diseases or sicknesses at MN Church of God of Prophecy may result from the acts, errors, omissions, or negligence of myself and others, including, but not limited to, MN Church of God of Prophecy leaders, employees, volunteers, and other participants. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury, illness, or death to myself (or my minor child).

On behalf of myself (or my minor child), I hereby release and promise to indemnify, defend, and hold harmless Mountain Region Church of God of Prophecy, its employees, leaders, owners, agents, and representatives, of and from any claim of any kind. A claim includes all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to the exposure to, contraction of, or injury from a coronavirus or other communicable/infectious disease or sickness.

Signature of Parent/Guardian or Camper if 18 or older

Date

Part 7: Camper Statement

I have read the camp Guidelines and Expectations. 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

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Part 8: Insurance

- 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 Health Insurance Company _____

Policy/Group Numbers _____

Part 9: Medicine Form (Only if Applicable)

STEP 1: List all medication that needs to be administered while at camp.

STEP 2: Sign and place this form on the inside of a zip-loc bag

STEP 3: Send this form with camper and have it ready to give to the nurse at check-in.

Important:

**If the camper is bringing over-the-counter medication, vitamins or prescription medication, they must be in the original pharmacy labeled container or the original manufacturer's container. Send only the amount needed while at camp.

**Any prescription medication must have the camper's name on the bottle.

I declare that the information listed on this form is correct and complete. I hereby give permission for the camp staff with the Church of God of Prophecy to administer the medication as directed on this page

Signature of Parent/Guardian _____

Date _____

Camper's Last Name _____

Camper's Last Name _____

Medicine Name	Dosage	Time of Day Given	Give @ Camper Request	Special Instructions