

2017 Kids Camp Cost

\$145 is postmarked BEFORE April 1, 2017

\$155 is postmarked April 2 - May 1, 2017

\$165 if postmarked May 2, 2017 - First day of Camp

**SOUTH TEXAS ASSEMBLIES OF GOD CHURCH MINISTRIES & DISCIPLESHIP DEPARTMENT
HILL COUNTRY CAMP, KERRVILLE, TEXAS**

2017 KIDS CAMPER REGISTRATION AGES 7 – 12 YEARS (2nd-6th Grade)

(Front and back must be filled out completely by an ADULT)

Check: Camp 1 (June 26-29) Camp 2 (July 7-10) Camp 3 (July 12-15)

Church Name		Church City	
First and Middle Name		Last Name	
Gender (Circle One) Male Female	Camp Shirt (additional \$15): Yes No Size: YS YM YL S M L XL XXL		Camp DVD (additional \$5) Yes No
Mailing Address		Gender (Circle One) Male Female	
City	State	Zip	
Birthdate (mm/dd/yy)	Age	Home Phone	
Parents or Guardian (with whom child resides)		Cell Phone	
Email Address			
Emergency Contact		Emergency Phone	
Is there anyone to whom we should NOT release your child? List complete name(s)			

* Your child will only be released to you, the emergency contact, or designated adult from your church

*A \$70 Deposit is required along with this completed registration form to secure a reservation. Camp is filled on a first come basis. **Balance will be due upon arrival at camp.**

***No fax will be accepted.** Mail registration form and deposit to Church Ministries and Discipleship Department, 11102 East Freeway, Houston, TX 77029. Make checks payable to: South Texas District Assembly of God.

*Please register with your local Assembly of God Church. We recommend that each church submit the registration forms and deposits together for their church.

*Refund Policy: The \$70 Deposit is refundable or transferable two weeks prior to camp. After this time deposits are non-refundable or transferable. Please refer to dates below:

*A fee of \$35.00 will be accessed for every returned check.

* The price of camp is determined when the application and the deposit have both been received. If we have only received the deposit, the final price will not be determined until we receive the application. *No exceptions*

Camp	Refund/Transfer Date Deadline
Camp #1	June 13, 2017
Camp #2	June 23, 2017
Camp #3	June 29, 2017

Health Record. Please fill out completely. **No child will be admitted without a completed and signed form.**

Legal Guardian	Work Phone	
Health Insurance Company	Policy Number	
Employer	Policy Holder	Insurance Phone #
Child Social Security Number (In case of Medical Emergency - Hospital Requirement)		
Dr. Name and Phone		
Health Problems or Limitations:		

May your child be given the following:	Yes	No	What is the date of the last Tetanus Shot/Booster?
Tylenol/Ibuprofen			
Bendaryl/Antihistamines			
Decongestants/Cough Medicines			
Pepto Bismo/Tums			

May your child be given over-the counter, non-prescription medications or applications, not to exceed recommended dosage for stomach discomfort, burns, cuts, insect bites, rash or scrapes?			List any exceptions:
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Allergies: Please list

Food Allergies*	Allergic to medication/drugs?	Yes/No
Insect Bite Allergies	If yes, please list allergies:	
Plant Allergies	Are immunizations up to date?	

* A menu is available upon request. Camp does not provide alternate or substitute meals.

Medication that you will be bringing to camp:

ALL MEDICATION, INCLUDING NONPRESCRIPTION DRUGS MUST BE TURNED INTO THE FIRST AID ATTENDANT UPON ARRIVAL IN ORIGINAL CONTAINER WITH COMPLETED MEDICATION FORM LOCATED ON OUR WEBSITE

www.stxagchurchministries.org

I, the parent or legal guardian of _____ (camper's name) do hereby state that I have legal custody of the child who resides with me and have read and approved the included information. I give permission for my child to attend camp and participate in all activities.

In consideration of my child being allowed to participate in this event, I authorize the South Texas District Council of the Assemblies of God to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against the District for the use of such photographs or video. I give my permission for authorized camp personnel to inspect camper's belongings to insure that they have no illegal or prohibited items. I will be held responsible for any and all damages my child may cause to the camp site or facilities or any other property.

I hereby authorize any authorized camp personnel to obtain any medical care necessary. Parent's signature authorizes emergency treatment in the event of illness/injury when parents are not immediately available. I understand, if necessary, the camper will be taken to a nearby hospital and will be attended by a physician on call. I further understand that I will be held responsible for any medical expenses incurred.

Signature of Parent or Guardian _____