

**Bring this Form
to Camp after
Registering
Online**

2018 CAMPER

ALL APPLICATIONS WILL BE ENTERED ONLINE

Parents: Complete this application and give to your Church's Camp Coordinator

Please Print Clearly and Fill In All Sections

| | | | |
|---|--|--|---------------------|
| First Name | Last Name | Birthdate | Gender at Birth M F |
| Mailing Address | City | State | Zip |
| Home Phone & Cell Phone () - () - | E-Mail Address | Emergency Contact Number () - | |
| Parents/Guardians First & Last Name | Parents/Guardians Work Phone Number () - | Parents/Guardians Working at Camp? Yes No | |
| Sr. Pastor | Children's Pastor/Leader | Name of Parents/Guardians working at Camp | |
| Church City | Church Attending With | SOMO A/G Church? Yes No | |

To ensure you get signed up for the week of camp you desire to attend, please turn in your forms to your camp coordinator so they can be entered online ASAP. Beds are limited each week of camp and they will be assigned on a first come/first serve basis. Walk-on campers will be housed with the rest of your church group **if space allows.**

| | | | |
|--|---|--|---|
| ___ July 9-13 (SW-Spn, Sps, Jop) Due June 11 | ___ July 16-20 (NW-KC,Sed, Cln) Due June 18 | ___ July 23-27 (NE-Stl, PH, Sul) Due June 25 | ___ July 30-Aug 3 (SE-Cape, Ken, WP, VB) Due July 2 |
|--|---|--|---|

IMPORTANT INFORMATION

TOTAL COST (SOMO AG) \$157.00 LATE FEE: \$25.00 ***Medicine Fee \$5.00

NON -SOMO AG TOTAL COST \$182.00 NON-SOMO AG LATE FEE: \$25.00

All information must be submitted online by the early registration date or a late fee will be applied.

For Church Use ONLY:

Amount Received:

Full SOMO AG Registration: \$157.00 _____
 ***Medicine Fee (if student is bringing meds to camp): \$5.00 _____
 Full Non-SOMO AG Registration: \$182.00 _____
 Late Fee: \$25.00 _____
 TOTAL Received: _____

**Parents: Make checks payable to your church.
Churches are required to pay with one church check on the day of registration.**

| | |
|-------------------|---|
| Insurance Carrier | Ins. Phone Number |
| Policy Number | Group Number |
| Insured's Name | Insured's Social Security Number (optional) |

Are all immunizations current with State Law? _ Yes _ No

My Camper may be given over-the-counter, non-prescription medications or applications, not to exceed recommended dosage for stomach discomfort, burns, cuts, insect bites, rash, aches, fever, cough, congestion, etc. ___yes or ___ no

List Exceptions _____

DOES CAMPER HAVE: ___ HEART TROUBLE ___ SEIZURES ___ ASTHMA ___ HERNIA ___ DIABETES
 ___ LUNG TROUBLE ___ HIV/AIDS ___ ALLERGIES ___ OTHER _____

Please explain checked items AND list any medication (name/dosage/instructions) the camper is taking.



ALL Medications, prescriptions and over-the-counter drugs must be brought in the original bottle to the camp medical personnel upon arrival at camp.

***** \$5.00 Medicine Fee to be added to the tuition total for the Medical Personnel to dispense the student's medication(s) listed.*****

MEDICATION ADMINISTRATION RECORD

Write in times and check day's camper is to be given this medication

| | | |
|------------------------|------------------------|------------------------|
| Name of Medicine _____ | Name of Medicine _____ | Name of Medicine _____ |
| Exact Dosage _____ | Exact Dosage _____ | Exact Dosage _____ |
| For Treatment of _____ | For Treatment of _____ | For Treatment of _____ |

| Time | Mon | Tue | Wed | Thur | Fri | Time | Mon | Tue | Wed | Thur | Fri | Time | Mon | Tue | Wed | Thur | Fri | |
|------|-----|-----|-----|------|-----|------|-----|-----|-----|------|-----|------|-----|-----|-----|------|-----|--|
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

Doctor's Signature _____ required with serious health problems.

Included are: *Severe allergies, seizures, diabetes, mental and emotional health issues.*

EMERGENCY TREATMENT PERMISSION/COOPERATIVE AGREEMENT

As parent or guardian, I have given permission for my child to attend camp, and I hereby authorize and request any doctor, medical clinic or hospital emergency room physician to administer such treatment and to do any procedure in their judgment that may be necessary. I fully understand that the camp insurance is secondary coverage with a maximum benefit of \$5,000 per incident, and that I will need to file my own insurance first. I also understand that the camp insurance covers ACCIDENTS ONLY and that I accept full responsibility for any charges related to causes other than accidents, or charges beyond the \$5,000 maximum of the camp insurance. I also hereby give permission to the Dorm Leader and/or other member of the camp staff to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents.

Permission is given to SMDC Assemblies of God to use photographs (individual or group) and/or multimedia images and recordings in the best interest of SMDC Assemblies of God. I give permission for my child's image to be used in pictures and videos for camp promotion purposes.

>>>Parent/Guardian Signature _____ Relationship: _____

Your signature signifies you understand and support your student's involvement in the Southern Missouri District Camp and will enforce all of the rules set by Southern Missouri District Camp. (Read Information Sheet).

Is there any information we should have regarding the welfare of this camper (handicaps, restrictions on activities, diets, allergies, diabetes, mental or emotional issues, etc)?
