

2025 CAMPER Application

This application is due back to your Camp Coordinator by:

All Applications **MUST** be entered online
Contact your church's Camp Coordinator about the online registration option

Please Print Clearly and Fill In All Sections

First Name	Last Name	Gender at Birth M / F	Birthdate (mm/dd/yy)	Age	Grade completed before camp
Mailing Address	City	State	Zip		
Parent/Guardian #1 Name: (First & Last)	Parent/Guardian #1 Cell Phone:	Parent/Guardian #1 Home Phone:	Parent/Guardian #1 Work Phone:		
Parent/Guardian #2 Name: (First & Last)	Parent/Guardian #2 Cell Phone:	Parent/Guardian #2 Home Phone:	Parent/Guardian #2 Work Phone:		
Parent/Guardian Email: (this is the email used for money band accounts)	Parents/Guardians working at Camp? Yes No	Name of Parents/Guardians working at Camp			
Emergency Contact (First & Last) Name:	EC Cell Phone:	EC Home Phone:	EC Work Phone:		

Please turn in your forms to your camp coordinator ASAP so they can be entered online. Beds are limited each week of camp and are assigned on a first come/first serve basis. Walk-on campers will be housed with the rest of your church group only if space allows.

Parents: You will make your payment to your church.

Churches are required to pay the total bill when they arrive at camp.

For Church Use	
Camp Cost	\$ _____
Medication Fee (\$5)	\$ _____
Money Band Fee (\$5 – if your church has “opted in”)	\$ _____
Late Fee (\$25)	\$ _____
Total amount due to your church:	\$ _____

Please take the time to answer all questions. Application cannot be processed if not completed.

Insurance Carrier	Group Number
Policy Number	
Insured's Name	Insurance Phone

****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: _____

ALL Medications, prescriptions and non-prescription 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 days camper is to be given this medication

<i>Medication</i>	<i>Dosage</i>	<i>Morning</i>	<i>Afternoon</i>	<i>Evening</i>	<i>Bedtime</i>	<i>Other</i>

Does Camper have: Heart Trouble Seizures Asthma Hernia Diabetes Lung Trouble HIV/AIDS
 Allergies Other _____

Please Explain Checked Items: _____

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)?

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 SMMC Assemblies of God to use photographs (individual or group) and/or multimedia images and recordings in the best interest of SMMC Assemblies of God.

>>>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. (See Kids Camp Information Sheet available online at somoag.org/childrens/about/camp/)