

**Coordinators:
Please bring this
form with you to
camp.**

2022 CAMPER

Parents: Please complete this form and return to your Church's Camp Coordinator ASAP.

Space each week is limited and is assigned on a first come/first serve basis.

Late registration & walk-on campers will be housed with your church group only if space allows.

Please Print Clearly and Fill In All Sections

Camper's First & Last Name	Gender at Birth M / F	Birth Date (mm/dd/yy)	Age	Grade going into Fall of 2022
Mailing Address	City	State	Zip	
Parent/Guardian First & Last Name	Parent/Guardian Primary Phone #		Parent/Guardian Work Phone #	
1.	1. () -	1. () -		
2.	2. () -	2. () -		
Parent/Guardian Email Address	Additional Emergency Contact Name: Primary #: () -		IF APPLICABLE: Name of Parent/Guardian serving at camp.	
Name of the Church you're Attending with:	City the Church is Located in:		Is the Church a SOMO A/G Church? Yes _____ No _____	
Lead Pastor	Children's Pastor/Leader			

___ June 27- July 1 (SW- Spn, Sps, Jop) Pre-registration Due May 30	___ July 11-15 (NW- KC, Sed, Cln) Pre-registration Due June 6	___ July 18-22 (SE- Cape, Ken WP, VB) Pre-registration Due June 13	___ July 25-29 (NE- STL, PH, Sul) Pre-registration Due June 20
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<u>IMPORTANT INFORMATION</u>		
TOTAL COST (SOMO AG) \$172.00	LATE FEE: \$25.00	***Medicine Fee \$5.00 per camper
NON -SOMO AG TOTAL COST \$197.00	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: \$172.00	
***Medicine Fee (if student is bringing meds to camp): \$5.00	
Full Non-SOMO AG Registration: \$197.00	
Late Fee: \$25.00	
TOTAL Received:	

**Parents, please make checks payable to your church.
Churches, please pay with a check or credit card. Credit card payments will incur a 3% fee.**

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

YES ___ NO ___ 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.

List any exceptions: _____

ALL Medications, prescriptions, and over the counter drugs must be collected by the church leader and brought to the camp medical personnel in their original container.

*** \$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

****Use the chart below to write in times and check mark the days the camper is to be given each medication listed****

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

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

Please Explain Checked Items: _____

YES ___ NO ___ Does the camper have severe allergies, seizures, diabetes, mental or emotional health issues?
 If "YES" a doctor's signature is required.

Doctor's Signature: _____

Please provide all information we need to have regarding the welfare of this camper in regard to 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 for approved 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 authorize the children's leader/Pastor/Camp Coordinator for our church to enter the information in this application online to register my child for camp.

>>>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. For more information, visit: somoag.org/childrens/about/camp/.