

# 2020 WEST FLORIDA STUMIN - CAMPER

Total Cost: \$225 Min. Deposit: \$50.00

District Office Use Only:

CHURCH NAME \_\_\_\_\_ Church Leader Name: \_\_\_\_\_

Email \_\_\_\_\_ Cell: \_\_\_\_\_

Amt. Rec.: \_\_\_\_\_

Amt. Due: \_\_\_\_\_

Check # \_\_\_\_\_

Online Receipt #: \_\_\_\_\_

**CAMP INFO:**  
**CAMP BALDWIN**  
**JUNE 26—29, 2020**  
**SPEAKER: Jeff Grenell**

*Grades: 6-12 (Students that just graduated are allowed to attend if not over age 19).  
 Late fee: \$25.00 if completed application &/or deposit is received after the registration due date.  
 All fees are transferable to a replacement.  
 Sr. Pastor children 25% off per child. / Credentialed Minister children 15% off per child.  
 Multi-child family discount, 10% off ea child from the same immediate family/guardian. (Discounts cannot be combined, the larger discount will apply.)*

## CAMPER INFORMATION (Please PRINT clearly in black or dark blue ink.)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Nickname \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (MANDATORY) \_\_\_\_\_ Age \_\_\_\_\_ Gender (at birth) \_\_M\_\_F Foster Child: \_\_Yes\_\_No

Mother/Guardian's Name: \_\_\_\_\_ Father/Guardian's Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## HEALTH HISTORY AND MEDICAL TREATMENT AUTHORIZATION

### EMERGENCY CONTACT INFORMATION Please print clearly, listing two contacts in order of preferred contact.

Emerg. Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emerg. Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please list who we are permitted to release your child to at camp dismissal or in case of an emergency:**

NAME: \_\_\_\_\_

### **INSURANCE INFORMATION (Please provide a copy front/back):**

INSURANCE CO. \_\_\_\_\_

GROUP # \_\_\_\_\_ POLICY # \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Are Immunizations current? \_\_YES\_\_NO

Permission is given for the following over-the-counter medications to be given to participant as needed, as directed per age/weight:

\_\_Acetaminophen, \_\_Ibuprofen \_\_Benadryl \_\_Zyrtec 10mg  
 \_\_Antibiotic Ointment \_\_Antacid (Tums) \_\_Pepto Bismol \_\_Emetrol  
 \_\_Generics of the above may be used.

**Any medications (prescription and /or over-the counter), vitamins, herbs, and enzymes MUST have a doctor's order and be brought in the original bottle & checked in to the camp nurse.**

Does the participant have any of the health issues below? Please check all that apply.

	CONDITION	YES		NO		TREATMENT		CONDITION	YES		NO		TREATMENT
1	Asthma					Inhaler? Yes No	7	Organ Disorders					
2	Diabetes						8	Bee Sting Allergy					Epi Pen? Yes No
3	Epilepsy/Seizures						9	Peanut/Nut Allergy					Epi Pen? Yes No
4	Heart Condition						10	Other Food Allergy					Epi Pen? Yes No
5	Orthopedic						11	Drug Allergy					Epi Pen? Yes No
6	Menstrual Problems						12	Please list any others on separate sheet.					

1 Is the Participant presently being treated for an injury, sickness or taking any form of medication for any reason? \_\_YES\_\_NO If yes, please explain: \_\_\_\_\_

2 Please list medication, foods, or environmental allergens that Participant is allergic to and the allergy reactions if not mentioned above: \_\_\_\_\_

3 Please list any childhood diseases, serious illness, injuries and surgeries the Participant has or has had: \_\_\_\_\_

4 Does the Participant require any medications to be administered? \_\_YES\_\_NO. If yes, secure and fill out **CAMP MEDICATION FORM**

5 My child should **NOT** be permitted to participate in any of the following activities: \_\_Running \_\_Leaping \_\_Hurdling \_\_Swimming \_\_Bowling \_\_Basketball  
 \_\_Volleyball \_\_Roller Skating \_\_Slip & Slides \_\_Canoeing \_\_Fishing List any others: \_\_\_\_\_

### MEDICAL TREATMENT AUTHORIZATION

We, THE PARENTS AND/OR GUARDIANS OF the applicant, hereby acknowledge that the information give on this application is accurate and true. I/We, also acknowledge that participation in all camp-related activities necessarily involves risk of physical injury. I attest my child is physically capable to participate in this program. I/We, also, give my/our consent for the director or properly appointed staff member of the West Florida District AG to act as my Agent, to secure the administration of medical, surgical, or dental examination and/or treatment or medication for the child listed at the top of this form.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Camps are open to all persons, regardless of race, creed or color.**

## Waiver of Liability, Disclaimer, and Permission:

**Participant Name:** \_\_\_\_\_

I/We, the parent/guardian of the above named individual, acknowledge that the camping program of the West Florida District Assemblies of God are primarily administered by adults, who volunteer their time.

I/We have read all the rules and the disciplinary policy pertaining to this camp and agree to abide by them. We understand that lack of cooperation will result in being dismissed from camp without refund. I understand that if my student misbehaves and does not respond in a positive manner, I may be called to pick him/ her up. Warnings will be given, but if inappropriate behavior continues, I will come and get him/her when called. In addition, I will pay for any damage that is done to the camp or to personal property belonging to another individual. I give permission to the camp director and/or their 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.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Students are permitted to bring cell phones at the discretion of their parent/guardians. However, they must be secured and only use them with their dorm leader's permission. The camp is not responsible for lost or damaged phones brought to camp. West Florida District AG, shall be immune from civil liability for inappropriate usage of said phone. We ask they follow our guidelines, including but not limited to, no watching of inappropriate mature content, inappropriate texting/bullying, and inappropriate photo's being taken.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

I/We give permission of any videotape, photographs, audio recordings, or any other visual or audio reproduction in which my child may appear by the West Florida District AG to be used to illustrate, promote and advertise the West Florida District AG and its programs. Additionally, we waive any right to royalties or other compensation arising or related to the use of Participant's image or recording. We understand there is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be used and/or distributed.

I/We have read, understand and agree to abide all enclosed documents, rules and guidelines presented in this application.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

Application and a \$50 non-refundable pre-registration fee by check or online payment is due by **Friday, June 5th** to:

West Florida AG ♦ Student Ministries Department ♦ 4792 Hwy 90 ♦ Marianna, FL 32446

**TOTAL CAMP FEE \$225. Pre-registration \$50. Remaining balance of \$175 due upon arrival at camp. (\$20 late fee may be received in office after deadline date.)**

*Camp Baldwin, 8749 Baptist Camp Rd., Elberta, AL 36530*