

KIDS CAMP 2017

Week 1 June 12-16, M-F | Week 2 June 19-23, M-F | Week 3 June 26-30, M-F

Lake Geneva Christian Center, Alexandria, MN | For kids going into 3rd-6th grades (ages 8-12)

Questions? Contact your local church or Erin at 612-332-2400 or ecorbett@mnaog.org

Name _____ Grade in Fall _____ Age _____ Birth Date ____/____/____ Male/Female _____

Church Attending with _____ Church City _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian with whom child resides _____

Phone _____ Cell Phone _____

Email _____

Cabin mate preference (first and last name) *These choices are a guide for housing assignments only and can not be guaranteed.*

Choice 1 _____ Choice 2 _____

Is there anyone to whom we should NOT release your child? *List complete name(s).* _____

Your child will be released only to the parent or guardian listed above or designated adult from your church unless otherwise instructed.

Attach a copy of the front and back of your child's insurance card to this form.

Our family does not have insurance. *Lack of insurance will not keep your child from attending camp.*

Health Insurance Company _____ Policy Number _____ Employer _____

Policy Holder _____ Insurance Phone _____ Last Tetanus Shot/Booster Date ____/____/____

Doctor's Name _____ Doctor's Phone _____

Health Problems and/or Limitations _____

Does your child require a PCA, Para, or extra services at school or home? Yes No

If your child will need extra supervision, coordinate with your pastor. The need of a PCA will not keep your child from attending camp.

Allergies: Food Insect Bites Plants Medication/Drugs Other _____

List specific allergies _____

OTC Meds: I give permission for the nurses to administer the following over the counter medications: Acetaminophen, Ibuprofen, Aspirin,

Cough Suppressant, Antacid, Hydrocortisone Ointment, Decongestant, Antibiotic Ointment, Antihistamine.

The above listed medications are available in the nurse's office at camp and do not need to be sent with your child.

Medication: Will your child be bringing medications to camp? Yes No *All medication, including non-prescription drugs, MUST be turned in to the nurse at check in on Monday. Medications must be in its original bottle or packaging with the official medication form attached.*

Type of Medication	Dosage & Time	Reason

Open Admission: No child shall be denied admission to our camp(s) or the benefits of our USDA Child Nutrition Programs because of race, color, national origin, age, sex or handicap. Any person who believes he or she has been discriminated against should write immediately to the Secretary of Agriculture, Washington, D.C. 20250. Camp fees include lodging, meals, recreation, and Bible study materials. Refunds for emergency cancelations are made at the end of the camping season with a \$25 service charge when requested by August 1, 2017. We may not be able to accommodate housing preferences for late and/or on-site registrations.

Medical & Liability Release: I have read and approved the included information. You have my permission for my child to attend Kids Camp and participate in its activities. I, acting on my own behalf, also release the Minnesota District Council of the Assemblies of God and/or Lake Geneva Christian Center, its agents, assigns, staff, employees as well as volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness or death which may be sustained by my child as the result of any participation in the camping program. I am aware of the risks associated with participating in camping activities and accept participant's participation with full awareness of these risks. I understand that camp counselor refers to "a person in charge of a group of children at camp" and does not imply the individual is licensed to give counsel. I authorize the Minnesota District Council of the Assemblies of God to use our 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. Parent's signature authorizes emergency treatment in the event of illness/injury and parents not immediately available, and permission authorizes camp personnel to inspect my child's belongings to see that he/she has not brought any prohibited or illegal items.

REGISTRATION

Registration fee \$ **226**

Late fee (+\$40) or Scholarship (-\$50) if applicable \$ _____

Pre-order camp T-shirt (\$12 ea.) \$ _____


Circle size: Youth L; Adult S, M, L, XL, XXL

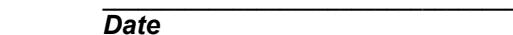
Pre-paid spending money \$ _____

For offerings & purchasing items/snacks at camp store

Total Enclosed \$ _____

New! The Camp Video will be available as a digital download at no additional cost to EVERY camper! Details released onsite at camp.


Signature of Parent or Guardian Required


Date

FOR OFFICE USE ONLY Amount Paid: \$ _____ Check # _____ Paid by: _____

Balance Due: \$ _____ LGCC Scholarship: \$ _____ Date Paid: _____ Entered into spreadsheet Scanned for nurses