

CAMPER REGISTRATION

KIDS' CAMP
2010

SOAK IT UP!



JUNE 14-18
WEEK 1

SPEAKERS
CHRIS PRUETT
&
SHILOH MORRIS

JUNE 21-25
WEEK 2
SPEAKER
KEVIN GEER

MN DISTRICT COUNCIL ASSEMBLIES OF GOD
LAKE GENEVA CHRISTIAN CENTER

2010 KIDS CAMP REGISTRATION

COST

Early registration cost is \$190 if postmarked by Friday, May 14th.

If postmarked after this date, the cost is \$230.

Camp fees include lodging, meals, recreation and Bible study materials.

FOR OFFICE USE ONLY

Amount Paid: \$ _____ LGCC Scholarship: \$ _____
 Date Paid: _____ County Scholarship: \$ _____
 Check/Check # _____ Balance Due: \$ _____
 Paid by Other: _____ Date Pd: _____ Check# _____

Registration enclosed _____

Pre-Order Camp T-shirt (\$10 ea.) _____

Circle sizes: Child M; Adult S, M, L, XL, XXL

Pre-Order Camp DVD (\$10 ea.) _____

Pre-pay Spending Money _____

Circle (\$10 / \$20 / \$30 / \$40) _____

3% credit card fee _____

Total Enclosed _____

If Paying by Credit Card, complete information

Credit Card # _____

Exp. Date _____ Card Type MC V Discv

Name on Card _____

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. **Refunds** made cheerfully at the end of the camping season with a \$25 service charge. We may not be able to accommodate housing preferences for late and/or on-site registrations.

- Camp 1 (June 14-18 M-F)**
- Camp 2 (June 21-25 M-F)**

**Print Clearly—If you have questions,
please contact the Children’s Ministry**

**Dept. at 612-332-2400 or
ecorbett@mnaog.org.**

Ages: 8-12

Grades: Going into 3rd-7th

Name _____

Male/Female _____ Grade in fall _____

Birth Date ____/____/____ Age _____

Address _____

City _____ State _____ Zip _____

Parents/Guardian (with whom child resides)

Phone _____

E-mail _____

Church Attending with _____

Church City _____

Cabin Mate Preference (First & Last name)

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

**Your child will be released only to you or the
designated adult from your church unless
you instruct otherwise.**

Health Record

Please fill out completely; no child will be admitted without a completed and signed health record.

Emergency Phone (Home) _____ (Work) _____ (Cell) _____

Our Family does not have insurance. (*This will not keep your child from being able to attend camp.*)

Health Insurance Company _____ Policy Number _____

Employer _____ Policy Holder _____ Insurance Phone # _____

Immunizations: Last Tetanus Shot/Booster Date _____

Child Soc. Sec. # (required by clinic) _____

Dr. Name & Phone _____

Health Problems/Limitations _____

If your child will need extra supervision please coordinate with your pastor.

Allergies: Food Insect Bites Plants Medication/Drugs Other _____

List specific allergies: _____

My child may be given: Tylenol, Ibuprofen, Benadryl and/or antacids as deemed necessary by the camp nurse. Yes No If NO, list medication not to be dispersed:

Medication bringing to camp: (Continue chart on separate page if needed.)

All medication, including non-prescription drugs, MUST be turned into the nurse upon arrival in original bottle or packaging.

Type of Med	Dosage & Time	Reason

Medical & Liability Release: *I have read and approved the included information. You have my permission for my child to attend 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. We 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 camper's belongings to see that they have not brought any prohibited or illegal items.*

Signature of Parent or Guardian Required

Date