

Camp Applications Due: May 10, 2010

**Camp Maranatha, High Point, NC
Youth Camp Application**

**Mail to:
Youth Camp
PO Box 517
Pine Level, NC 27568**

Owned and Operated by The Church of God of Prophecy

PLEASE PRINT

(Parents please check to make sure application is filled out correctly)

DO NOT MAIL CASH

Senior High Director: Djuana Parker Ages 15 - college June 21 - 26 <input type="checkbox"/>	Senior Director: Kenny Lee Ages 13 -14 July 12 - 17 <input type="checkbox"/>	Junior High Director: Karla Moore Ages 11-12 June 28 - July 3 <input type="checkbox"/>	Junior Director: Amy Morgan Ages 9-10 July 6-10 <input type="checkbox"/>	Pee Wee Director: Judy Dickerson Ages 7-8 June 16-19 <input type="checkbox"/>	Hot Shot Director: Effie Woodard Ages 4-6 June 12 - 15 <input type="checkbox"/>
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Camper Information

Name _____ Male _____ Female _____ Birthdate ____/____/____ Age _____

Address _____ City/State/Zip _____

Email _____ Parent/Guardian _____

Home Telephone (____) _____ Work Telephone (____) _____ Cell (____) _____

Person who will be picking up your child last day of camp: _____
 (Please contact Camp Director if there is a change in who will be picking up your child – Please bring photo ID when picking up camper.)

Camp Shirt Size: Youth: Small Medium Large Adult: Small Medium Large X Large Other _____
 (Shirt is included in price of tuition)

Christian Experience: Saved _____ Sanctified _____ Baptized with Holy Ghost _____ Baptized in Water _____

Please list the name of the Church you attend and/or have membership status _____

Name of Pastor _____

Number of years attended Youth Camp _____ How did you hear of our camp? _____

Cabin Roommate Preference (optional) Please list roommate preference(s) below. (No more than 2)

1. Name _____ 2. Name _____

Swim Release

For and in consideration of attendance at Camp Maranatha by the camper named on this application, we the undersigned, do hereby release and discharge Camp Maranatha, The Church of God of Prophecy (state and international headquarters), the directors and all other staff members of the camp from any and all liability for any injuries suffered by the camper while in attendance at Camp Maranatha and while using the swimming area and the swimming pool for recreation. In signing this form, the camper and his/her parents (if the child is the age of 18) agree that the camper has full consent and permission to use the swimming pool located at the campsite in High Point, NC

Yes, the camper has my permission to swim. **No**, the camper does not have my permission to swim.

Parent Signature (if camper is a minor) _____

Camper Signature (if camper is 18 or older) _____ Age _____

Date: _____

Tuition Information

Parents of a Hot Shot Camper that chose to attend Camp with their child must pay \$85.00 tuition for themselves and fill out a separate application. This amount is due for both the camper and the parent of Hot Shot Camp (if a parent attends) minus any family plan deduction. Please note: It is not a requirement for a parent to attend with a Hot Shot Camper. **Discount available for churches paying for tuition for campers (must be a church check), please contact Camp Coordinator for more information. Application deposit of \$10.00 required for all camps.

Tuition	Senior High, Senior, Jr High	Junior	Pee Wee & **Hot Shot
Postmark before May 10 th	\$ 105.00	\$ 100.00	\$ 85.00
Postmark after May 10 th	\$ 115.00	\$ 110.00	\$ 95.00
Walk In	\$ 125.00	\$ 120.00	\$ 105.00

I would like to be considered for the refund program **for new campers who are not associated with the Church of God of Prophecy.** (\$5.00 per new camper up to the amount of tuition). List the new Campers:

1. _____ 2. _____ 3. _____

For Office Use Only

Date Received _____ Tuition owed _____ Amount Received _____ No. Same Household _____

Full Tuition or Deduction of _____ Balance _____ Refund _____

Sr. High Senior Junior High Junior Pee Wee Hot Shot

General Information

All camps end at 9:00 am (unless notified by the director.) Campers age deadline. (Campers should reach the age of camp by December 31st **except for Hot Shot Campers, they must be 4 years old by the 1st day of Hot Shot Camp**). Campers may attend only 1 summer camp. Campers should attend camp with their proper age group. *If this is not possible a letter (from the parent or legal representative) needs to be mailed with the application requesting the camp the child may attend, giving their permission and stating the reason for wanting the child to attend a different age camp. Please note approval will be considered in accordance with the gravity of the request and the approval of the Coordinator and/or Director.*

Family Plan Deduction: Camper who has largest tuition will pay full tuition. Each additional Camper from same family will receive a \$10.00 discount. Applications should all be mailed together when desiring a family plan deduction.

Part Time Campers: Campers must attend a minimum of 24 hours of camp. Cost is ½ tuition plus any late fee. A camper staying more than ½ of any camp will be charged full tuition. **No Family Plan deduction on Part Time Campers.**

**To receive a refund a 1 week notification is requested.
Consider this application approved unless otherwise notified**

Baptismal Release

I give permission for my child to be baptized in water by immersion if they desire to be baptized. (I understand that baptism does not constitute church membership.)

I do **NOT** give my permission for my child to be baptized.

Parent Signature _____ Date _____

Medical Information

Please check any of the following that are applicable.

Epilepsy Diabetes Convulsions Asthma Kidney Trouble Heart Trouble Rheumatic Fever Sleep Walking

Serious Ivy Oak or Sumac Poisoning Allergic to Bee or Wasp Sting Mental Disorders HIV/Aids Tuberculosis ADHD

Allergic Reactions to Penicillin or other drugs. List: _____

Allergic Reactions to Food List: _____

I am presently taking medications List: _____
(Note: All medications must be administered by camp nurse who will be present at registration to collect medications)

Special Diet _____ Last Tetanus Shot _____

I give permission for my child to receive over the counter medication such as Tylenol, Advil, etc. by the camp nurse.

I do **NOT** give permission for my child to receive over the counter medication such as Tylenol, Advil, etc by the camp nurse.

Other Medical Conditions or Special Needs _____

Emergency Information

Parent's Name _____ Parent's Social Security # _____

Child's Social Security # _____

Employer _____

Address _____ City/State Zip _____

Insurance Company _____ Policy # _____

Insurance Company Address _____ City/State/Zip _____

Insurance Company Phone # (____) _____ **We do not have any Health Insurance**

If parents cannot be reached in an emergency situation please notify:

Name: _____ Relationship: _____

Phone (____) _____ Cell (____) _____

Statement of Certification and Understanding

Applicant should participate in the full camp program and all activities unless camp is otherwise notified. Applicant can be expelled because their behavior is deemed unacceptable by camp personnel. In this event, **no refund**. Camp director or deans may use extra camp duties for corrective disciplinary action in minor behavior problems. The Church of God of Prophecy and Youth Camp Staff have taken such precautions as in the Camp Staff's discretion and deemed advisable shall not be responsible for any accident or sickness to applicant. In the event of an accident or sickness, I hereby authorize the camp nurse and/or staff to administer first aid to applicant until needed medical attention can be obtained.

Disclosure: Should the applicant have any physical and/or emotional disorder that could affect the ministry of Camp Maranatha, it is the responsibility of the camper/parent to inform Coordinator/Director of such. This information should be attached with application.

IN CASE OF MEDICAL EMERGENCY- I understand that an effort will be made to contact the listed person named on this application for emergency contact. I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY CAMP OFFICIALS TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR APPLICANT NAMED ON THIS APPLICATION AS A CAMPER.

I have read this application and I agree that the information I have provided is correct and that the applicant is willing to abide by the policy of Camp Maranatha.

I give I do not give permission for the promotional use of photos and videos taken during the normal operation of youth camp or its activities and in accordance with the Ministries of Camp Maranatha.

Campers Signature _____

Parent (if applicant is under 18) _____ Date _____

Application is accepted on first-come, first-served basis with no regard to race, color, creed, sex or national origin.

Things to Know About Summer Camp

Camp Maranatha Summer Youth Camp has a **NO VISITOR POLICY**. (for the safety of our staff and campers we request that anyone wanting to see a camper or staff member should call and receive prior permission from the director before coming onto the campground while camps are operating.) Anyone who comes to the campground should **immediately report to the camp office**. **Any luggage or closed containers are subject to inspection.** **No camper or staff should leave the campground without permission from the director.** **Automobiles are to be parked in the parking lot and locked.** Campers or staff should obtain permission from the director before going to your auto. (Once you have parked your auto no one has permission to sit in your automobile during the operation of a summer camp. **Campers and staff are to respect the rights of others (Fighting will not be tolerated).** **No pillow or water balloon fights.** **No fireworks** of any kind. **Nightly services are not open** to the public. **The possession or use of drugs, alcohol, tobacco, profanity, fireworks, or weapons will not be tolerated.**

5 Commandments of Dress Codes in accordance with the Christian Ministry of Camp Maranatha

1. Campers may not wear items that advertise a product illegal for campers to possess or the display of offensive statements, pictures or words.
2. Clothes must meet at the middle and cover the midriff. 3. No tank tops, spaghetti straps or clothing of sheer fabric, (i. e., see through). 4. Pants must be worn at or above the waistline at all times. 5. Short skirts and dresses should be a minimum of fingertip in length with relationship to the leg and knee area. (Garment cloth should always be showing past ends of the fingers.)