

SOUTH TEXAS YOUTH CAMP 2012

CAMPER APPLICATION

PLEASE PRINT NEATLY IN BLACK INK

PLEASE CIRCLE CAMP ATTENDING



Youth Camp #1
Dates: June 4-8
Speaker: Garland Owensby
Ages: 12-18

Youth Camp #2
Dates: June 11-15
Speaker: Chet Caudill
Ages: 12-18

Youth Camp #3
Dates: June 18-22
Speaker: Pat Schatzline
Ages 12-18

Youth Camp #4
Dates: June 25-29
Speaker: John Boore
Ages 12-18

THIS FORM MUST BE FILLED OUT AND SIGNED BY A PARENT OR LEGAL GUARDIAN AND SENT WITH A \$70 DEPOSIT AND GROUP SHEET. FORMS WILL NOT BE PROCESSED WITHOUT THE GROUP SHEET OR IF THEY ARE NOT FILLED OUT COMPLETELY. Forms will NOT be accepted by fax. Camp balance will be due upon arrival at camp. The registration fee is non-refundable and non-transferable within TWO weeks of camp.

CAMPER INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Circle One: Male Female

Email: _____ Cell: _____

Church Attending With: _____ City: _____

Family Physician: _____ Phone: (____) _____ City: _____

Current Medication: _____ Allergies: _____

Tetanus Vaccination: Yes No Circle All That Apply: Epilepsy Heart Problems Asthma

When: _____ Diabetes Thyroid Problem Other: _____

CAMP COST

\$150 Postmarked by:
March 9

\$160 Postmarked by:
April 13

\$170 Postmarked by:
May 11

*****\$180** at the door cost***

FOR MORE INFORMATION:

www.stxym.org
713.455.5252
melissa@stxym.org

PARENT INFORMATION

Name of Parent/Legal Guardian: _____

Address: _____ City: _____ Zip: _____

Home Number:(____) _____ Cell:(____) _____ Work:(____) _____

INSURANCE INFORMATION

In case of medical treatment and/or expenses, the camper's personal medical coverage will be the primary carrier. Camp Insurance will be secondary to the camper's policy. PLEASE MAKE SURE ALL INSURANCE INFORMATION IS COMPLETE.

Insurance Company: _____

Address: _____ City: _____ St: _____ Zip: _____

Policy Number: _____

PRE ORDERS: \$10 CAMP VIDEO QTY _____ **\$20** CAMP T-SHIRT (please circle size) S M L XL 2XL other

TOTAL: CAMP VIDEO cost: \$ _____ + CAMP T-SHIRT cost: \$ _____ + CAMP Deposit \$70 or other \$ _____ = TOTAL \$ _____

CREDIT CARD PAYMENT OPTION: (complete in full)

Card Type (circle one): AmericanExpress | MasterCard | Visa

Name on Card: _____ Card Number: _____

V-Code(3 digits on the back of the card. AMEX is 4 digits located on the front): _____ Exp. Date: _____ Zip: _____

Cardholder's Email: _____

PARENT/LEGAL GUARDIAN CONSENT

I, the parent or legal guardian of _____ (camper's name) do hereby state that I have legal custody of the child who resides with me and have read and approved the included camp information. I give my permission for my child to attend camp and participate in all activities. In consideration of my child being allowed to participate in this event, I authorize the South Texas District Council of the Assemblies of God to use my 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. I give my permission for authorized camp personnel to inspect camper's belongings to insure that they have no illegal or prohibited items. I will be held responsible for any and all damages my child may cause to the camp site or facilities. I hereby authorize any authorized camp personnel to obtain any medical care necessary. I authorize emergency treatment in the event of illness/injury when parents are not immediately available. I understand, if necessary, the camper will be taken to a nearby hospital and will be attended by a physician on call. I further understand that I will be responsible for any medical expenses incurred.

Parent/Legal Guardian Signature

Date

OFFICE USE ONLY

Date: _____

AP: _____ AD: _____

Cash: _____ MO: _____

CC: _____ CK: _____

Date: _____

AP: _____ AD: _____

Cash: _____ MO: _____

CC: _____ CK: _____

MAIL COMPLETED FORMS TO: Youth Camp | P.O. Box 9714 | Houston, TX 77213