

**2010 North Georgia  
Camper Application**



MAIL TO: YOUTH CAMP 2010  
962 PARKSIDE WALK LANE  
LAWRENCEVILLE, GA 30043  
(Please make checks payable to Youth Camp.)

OFFICE USE ONLY	
EXPRESS REGISTRATION	<input type="checkbox"/>
DEPOSIT PAID	_____
CHECK #	_____
BALANCE	_____
RM ASSGNMT	_____
CABIN LDR	_____

**PLEASE PRINT**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_ GENDER  MALE  FEMALE  
 CHURCH \_\_\_\_\_

**ROOMMATE INFORMATION**

1<sup>ST</sup> PREF. \_\_\_\_\_ 2<sup>ND</sup> PREF. \_\_\_\_\_

**MEDICAL INFORMATION (PLEASE ATTACH A COPY OF FRONT AND BACK OF PARENT'S INSURANCE CARD)**

*NOTE: THE CAMP INSURANCE POLICY IS SECONDARY COVERAGE TO YOUR PRIMARY INSURANCE COVERAGE.*

INSURANCE COMPANY \_\_\_\_\_ POLICY No. \_\_\_\_\_  
 IS PRE-AUTHORIZATION REQUIRED?  YES  NO

**GENERAL MEDICAL INFORMATION:**

\_\_\_\_\_  
 ALLERGY INFORMATION: \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL INFORMATION:**

DATE OF BIRTH (MM/DD/YY): \_\_\_\_\_  
 YOUTH/CHILDREN'S PASTOR: \_\_\_\_\_  
 PASTOR: \_\_\_\_\_

**T-SHIRT:** (YOUTH SIZES) YS YM YL (ADULT SIZES) AS AM AL AXL 2XL 3XL 4XL

**CAMP COST:**

BEFORE 5/1/2010.....\$105 (\$95: JR/MINI)  
 AFTER 5/1/2010.....\$115 (\$105: JR/MINI)  
 AT THE DOOR.....\$140 (\$130: JR/MINI)

Note: For those not paying in full when registering,  
 a \$25 non-refundable, non-transferable deposit is required  
 with each application. Please make checks payable to Youth Camp.

**Campers Who Pay in Full by May 1<sup>st</sup>...**

**IF \$105 (\$95 JR/MINI) IS PAID IN FULL BY MAY 1,**  
**CAMPER WILL RECEIVE...**

**CAMP TUITION, T-SHIRT, \$5 CANTEEN CARD  
& EXPRESS REGISTRATION AT CAMP.**

**AGAIN, YOU MUST BE PAID IN FULL**  
**(OWING NO BALANCE) BY 5/1/10.**

**CAMP YOU WISH TO ATTEND:**

YOU MAY EITHER ATTEND THE CAMP OF THE GRADE YOU ARE CURRENTLY IN, OR WILL ENTER INTO, THIS FALL.  
 (FOR THOSE ON THE BORDER LINE BETWEEN CAMPS, YOU MAY CHOOSE TO BUMP UP OR DOWN ONE YEAR - EITHER WAY.)

- |   |  |
|---|--|
| <input type="checkbox"/> HIGH SCHOOL CAMP: JUNE 14-18 (GRADES 9-12)       | <input type="checkbox"/> MIDDLE SCHOOL CAMP: JUNE 21-25 (GRADES 6-8) |
| <input type="checkbox"/> JUNIOR/MINI CAMP: JUNE 28-JULY 1 (AGE 6-GRADE 2) | <input type="checkbox"/> GRADE SCHOOL CAMP: JULY 5-9 (GRADES 3-5)    |

I hereby give my child permission to attend and participate in the North Georgia Church of God Youth Camp. I hereby waive, release and discharge any and all claims, demands and causes of actions against camp officials, the Church of God in North Georgia and the International Offices of the Church of God, their agents, employees and participants arising from any damage, property loss or injury my child sustains at North Georgia Church of God Youth Camp. I further consent to allow camp officials to seek and obtain emergency medical or surgical treatment for my child should my child need medical treatment.

**PRINT NAME** of Parent/Guardian (required): \_\_\_\_\_

**SIGNATURE** of Parent/Guardian (required): \_\_\_\_\_ Date: \_\_\_\_\_