

# **CAMP GO! 2022**

Register Online

**Detach this page and mail to:** Church of God Youth Camp 2022 PO Box 11735, Tampa, FL 33680 Make checks payable to: Church of God

OFFICE USE ONLY	
Camp Fee \$ Amount Enclosed \$	Postmarked
Balance Due \$	Check/M.O. #

EARLY BIRD REGISTRATION: On or before June 6th, 2022....\$160.00 

There will be **LIMITED ROOMING** for girls on the campgrounds. Once the dorms have been filled they will automatically be placed in a hotel. Priority will be given to applications that arrive first.

A \$50.00, non-refundable, non-transferable, pre-registration fee <u>must accompany</u> this completed application in order for you to be officially pre-registered. Your camp fee is based on the date it is postmarked. NO FAXES ACCCEPTED! PAYMENT IN FULL <u>INCLUDES</u> THE \$50 PRE-REGISTRATION FEE.

In order to pay with a credit card, you must register online All major credit cards are accepted. Multi-Child \$5.00 Discount: Only applies to the second or more siblings.

List siblings that will attend camp and camp attending. All siblings must be from the same immediate family and all applicants must register together. **Personal Information:** (PLEASE PRINT CLEARLY) Have you previously attended our youth camp? Yes\_\_\_\_\_No \_\_\_\_\_No \_\_\_\_\_Gender \_\_\_\_\_ Name\_\_\_\_ Date of Birth \_\_\_\_\_\_ Age \_\_ Local Church Name (*Required*)\_\_\_\_\_ Home Telephone\_\_\_\_ -\_\_\_ - \_\_\_ Pastor's Signature (*Required*)\_\_\_\_\_\_ \_\_\_\_\_City \_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_ Address Email Address (**Required**)

Parent/Guardian Name Parent's Cell Telephone - 
Confirmations will be emailed, so we MUST HAVE an email address.

If confirmation is not received within 2 weeks of applying, please call our office. Check Junk/Spam folders. **Medical Information:** Date of last Tetanus Shot \_\_\_-\_List any allergies \_\_\_\_\_ List medication/medical issues: Parent's Insurance Company \_\_\_\_\_ Policy # \_\_\_\_ Pre-Authorization required? Yes \_\_\_\_\_No \_\_\_\_\_If yes, what limits? \_\_\_\_\_\_ Personal Doctor's Name/Telephone # WARNING: As a parent you have the obligation and responsibility to in writing, specify if your child has any physical, mental, or emotional

disability. Exclusion of any information will result in parent being held responsible for any accident that may result due to lack of information on a child.

Campers are to dress according to the Church of God high standards of modesty. If accepted, I will abide by the rules and regulations of the camp and submit myself to those who are in authority during my stay. **CAMPER SIGNATURE (Required):** 

Parental Consent Signature:

I hereby give my child permission to participate in activities at the South Georgia Church of God Conference Center, Tifton, GA. Activities include but are not limited to low impact sports, high impact sports, paintball, challenge course, ropes course, swimming, or other activity at said facilities. If camp activities are off site, I give permission for my child to travel with camp volunteers, employees, and/or agents of the camp. I hereby waive, release, and discharge any and all claims, demands, and causes of action against volunteers, employees, Church of God State officials, the Church of God Southeastern Hispanic Region, and the International Offices, Cleveland, TN, arising from any damages, property loss, or injuries that I or my child may sustain and hereby accept all responsibilities for medical costs. If my child causes damage to property through willful destruction and/or by accidental means, I hereby accept financial responsibility to repair and/or replace property at the discretion of Church of God Officials. Further, I understand that my child may be denied involvement from any activity for safety precautions or as penalization for disobedience of camp rules at the discretion of Officials or volunteers. I further understand that my child may be photographed and or videoed for promotional or remembrance purposes. These images will remain the property of the Church of God for use as the Church of God sees fit. I accept full financial responsibility for and hereby consent to allow employees and/or volunteers to obtain emergency medical treatment as needed for my child if I am physically unavailable at the time of said illness or accident. Further, it is understood that my medical insurance, health insurance, or accident insurance (if applicable) will be used as the primary policy and that the Church of God policy will be used as the secondary policy.

Parent/Guardian Signature (required if camper is under 18):

## **ABOUT CAMP STUFF**

Youth Camps are operated by the Church of God Southeastern Hispanic Region Executive Offices located in Tampa, Florida, under the direct supervision of the State Youth and Discipleship Director and the State Youth Board. A complete background check is done for every staff application that we receive. We reserve the right to make decisions which are in the best interest of camp as it relates to staff and camper environment. Counselors are to be a minimum of 21 years of age. Any exception must be approved by the camp office. All workers must have an endorsement signature from their local Church of God pastor. All workers are required to attend the mandatory staff orientation prior to camp. We do not discriminate on the basis of race, sex, or nationality.

## **HOW MUCH DOES CAMP COST?**

#### **PLEASE READ CAREFULLY**

A \$50.00, non-refundable, non-transferrable, pre-registration fee <u>must</u> accompany this completed application in order for you to be officially pre-registered! Your camp fee is based on the date it is postmarked. Please note the following postmarked deadlines:

**EARLY BIRD REGISTRATION** 

**REGISTRATION** 

**LATE REGISTRATION** 

On or Before June 6, 2022 \$160.00 June 7– July 4, 2022 \$170.00 After July 4, 2022 \$180.00

Walk-on campers will be accepted the day of their camp as availability and space permits. Walk-on campers must have their camper application signed by their parent or guardian and their pastor.

<u>Refund Policy:</u> Cancellations will be honored if requested 14 days prior to the actual camp start date. All refunds will be processed after the end of camp. Deposits are non-refundable.

<u>Insurance</u>: We partner with parents to provide medical/injury insurance coverage for every child and should medical attention be required, you will be notified as soon as possible with all the important information. Safety for your child is important to us. <u>Our insurance is secondary coverage</u>.

<u>Confirmation of Attendance:</u> When the camper application is received, a letter of confirmation will be <u>emailed</u>. Please make sure your email address is provided on your application. If you do not receive your confirmation email two weeks after sending your camp application, please call the office at 813.644.7570. Check junk/spam folders. Applications must be completed in their entirety in order to be processed.

#### **FIRST AID**

- > So we may more easily identify your child, <u>please bring a picture</u> if your camper needs to take medication.
- > Prescriptions should be clearly labeled (send only the exact amount needed for the time at camp).

## **CONCESSIONS**

Breakfast, lunch, and dinner are provided, but don't forget to bring extra cash for those mid-day and late night munchies! empanadillas, gatorade, honey buns, candy, and more are available to help you make it through the day!

### **DAMAGED AND LOST & FOUND POLICY**

We are not responsible for any personal items lost or damaged. Lost items will be held in safe keeping for thirty days only! Afterwards, they will be disposed of. Regrettably, we cannot mail lost items. Campers should carefully pack their bags and double-check their areas to avoid left items!

## FOR MORE INFORMATION

Email: youth@sehcog.org or Phone: 813.644.7570