

BLAST OFF AND GO! KIDS CAMP 2023

Register
Online
at
www.sehcog.org

OR

Mail application and payment to:
Church of God Kids Camp 2023
PO Box 11735, Tampa, FL 33680
Make Checks payable to:
Church of God

OFFICE USE ONLY

Camp Fee \$ _____ Postmarked _____
Amount Enclosed \$ _____ Check M.O.# _____
Balance Due \$ _____ CDM CNFR sent _____

REGISTRATION:----- \$135.00

Registration Deadline: JUNE 30TH

A \$25.00 non-refundable, non-transferable, deposit must accompany 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 ACCEPTED!**
PAYMENT IN FULL INCLUDES THE \$25 DEPOSIT.

In order to pay with a credit card, you must register online at www.sehcog.org
All major credit cards are accepted. Registering online requires payment in full.

Personal Information: (PLEASE PRINT CLEARLY)

Have you previously attended our kids camp? Yes _____ No _____
Name _____ Gender _____ Camper's SS# _____ - _____ - _____
Date of Birth _____ Age _____ Local Church Name (Required) _____
Home telephone _____ - _____ - _____ Pastor's Signature (Required) _____
Address _____ City _____ State _____ Zipcode _____
Email Address (Required) _____
Parent/Guardian Name _____ Parent's Cell # _____ - _____ - _____

Age Groups:

Children are divided into the following age groups during their stay at the campgrounds. This includes rooms, Conferences, and sports. This is done to ensure children are in their developmentally appropriate settings. We appreciate your understanding and cooperation. Thank you!
Ages 4-6 Ages 7-9 Ages 10-13

Medical Information:

Date of last Tetanus Shot _____ List of any allergies _____
List of medications/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.

RESTRICTIONS: As a parent or guardian, I do not want my child to participate in the following activities, _____
_____. In the event that my child becomes ill with a low-grade fever, cough, sore throat, nausea, and other small illnesses, I authorize the on-duty campground's nurse to medicate my child with the age recommended dose of over-the-counter medicine. _____ Parent Signature _____ Date

Camper Commitment:

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 Church of God Convention Center, Wimauma, FL. Activities include but are not limited to low impact sports, high impact sports, challenge 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 Southeast Hispanic, 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 and 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): _____