



Camp Application

Date Received _____
Postmarked _____

Camper Personal Information

First Name _____ Last Name _____

Age by Camp _____ Grade Level Completed by Camp _____ Male or Female

Date of birth ___/___/___ Social Security # ____-____-____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____ Phone _____

Cell _____ Work _____ Other _____

Are you a member of the Pentecostal Church of God? YES/NO Are you saved? YES/NO

Does your child have permission to swim? YES/NO

Does your child know how to swim? YES/NO

Church/Group Information

Name of church you attend _____ City _____

Pastor's Name _____ Pastor's phone _____

Youth Pastor _____ Phone _____

Group Leader's Name _____ Phone _____

Please list the names of those to whom the staff may release the camper at the end of camp:

Camper Emergency Contact Information

Emergency contact person #1 _____ Phone _____

Work _____ Cell _____

Emergency contact person #2 _____ Phone _____

Work _____ Cell _____

IMPORTANT CAMP INFORMATION

PLEASE NOTE: The following information is general and doesn't fully detail all of the policies and guidelines of the camp. In addition to the following guidelines, the camper will be required to follow all the rules governing: the swimming pool and pool area, the campers conduct, the restricted area of the campground and the use of camp equipment/property.

- Parents and/or responsible party of campers are not to leave the campground until the camper has been assigned to a cabin/dorm. Campers are not allowed to leave the campground once they have registered.
- The camp nurse/personnel will inspect the head of each camper (absolutely no exceptions) before they are assigned to a cabin/dorm. Treatment will be administered if lice or nits are found. The parents or responsible party (the one who brought the camper to camp) will be required to wash all of the camper's clothes and bedding at an off-camp site before the camper can place their belongings in their assigned cabin/dorm.
- Campers are not allowed to use the phone unless accompanied by their group dorm leader, a leader, or the director. A staff member will be present during all phone calls. Parents who want to check on their child may call and speak to the Director. A camper will not be called out of any scheduled activity unless it is an emergency or unless prior arrangements have been made with the Director.

Cell phones are limited for use and can be taken away if overused. CD players, TV's, radios, MP3 players, game systems, etc. are not allowed. Such items will be confiscated by the staff and returned to the camper at the end of the camp week. Impact SWTX District Youth Ministries and Camp Lost Pines are NOT responsible for any lost, stolen or damaged items. Weapons, contraband, illegal items, alcohol, drugs, tobacco, pornography, objectionable materials and the use of profanity are strictly prohibited.

All medication, (whether prescription or over-the-counter) must be checked in at the nurse's station and be administered by the camp nurse.

Note: If possible, put campers name on all his/her belongings.

Things you will probably need to pack:

Pillow, Twin Bed Sheets, Blanket/Sleeping Bag, Clothes for days of play and nights of church, Tennis Shoes/Sneakers (Team competitions are not conducive to the wearing of flip-flops or sandals). Modest Swim suit (two if possible), Sun screen, Bath Towels and cloths.

Toiletries: Soap, Shampoo, deodorant, tooth brush/paste etc., Medication/Prescriptions (if required), (staff nurse will administer all medications; it is the responsibility of the camper to report to the nurse at the designated medication times).

Hair dryer, Bible, Paper, Pencil/Pen, Cash, Hat/Cap, Softball Glove, Insect Repellant

Umbrella or Rain Coat/Parka/Poncho

Sound Track (a talent time opportunity may be offered)

Moderate apparel is required. Shorts, skirts, and dresses must be of reasonable length. Having questions on "reasonable length"; contact your District Youth Director. Any clothing that exposes the midriff, back or rib/chest areas are not acceptable. Halter tops, low-cut neck lines, tank tops, sun dresses, spaghetti straps, sheer, see-through or fishnet material, or any clothing with suggestive or objectionable remarks or pictures are not allowed. Appropriate undergarments must be worn at all times.

Note: This application will not be accepted without the signature of the camper, AND the parent or legal guardian.

** I _____ acknowledge that I have read the section, "Important Camp Information" and hereby agree to abide by all the policies, guidelines, directives, and discipline of the camp's administration and staff and the standard set forth by the Impact SWTX District Youth Ministries. I further understand that willful disobedience to the rules and/or insubordination to the authority of the administration and staff of the camp will not be tolerated and could result in the camper being dismissed from the camp. I hereby certify that all the information provided on this application is correct to the best of my knowledge.

Parent's Signature

Date

Camper's Signature

Date

Camper Name _____

Medical Information

Do you have health insurance? YES/ NO Insurance Co. _____

Policy # _____ Insurance Co. Phone # _____

(Please include a copy of your insurance card.)

Is the camper up to date on all required immunization shots? YES/ NO

Please list date of most recent tetanus _____

Does the camper have any specific Health problems? Please check all that apply:

Allergy to bee/wasp stings _____ Serious poison oak/ivy/sumac reaction _____ Epilepsy _____

Rheumatic fever _____ Asthma _____ Tuberculosis _____ Fainting _____ Hypoglycemia _____

Convulsions/seizures _____ Heart Problems _____ Sleep Disorder _____ Diabetes _____ Other _____

Penicillin _____ Hay Fever _____ Bleeding/clotting disorders _____ Kidney Trouble _____

(Explain) _____

Does the camper have any physical handicaps? YES/ NO

Is the camper receiving behavioral therapy or counseling? YES/NO

Are there any recreational activities in which the camper may not participate? YES/NO

Does the camper wear prescription eyeglasses or contact lenses? YES/NO

Is the camper currently taking medication (prescription or OTC) of any kind? YES/NO

If so list medications and how often they are administered _____

NOTE: ALL MEDICATION MUST BE CHECKED IN AT THE NURSE'S STATION AND ADMINISTERED BY THE CAMP MEDICAL PERSONNEL.

Has the camper had any surgery 3 months prior to the start of camp? YES/ NO, if yes please see nurse. Explain: _____

Does the camper have any allergic reactions to any medicines, food, plants, or other things? YES/NO

For Females Only:

Has the camper started her menstrual cycle? YES/NO Date of last menstrual cycle: _____

Is the camper currently pregnant? YES/NO

Camper Name _____

Medical & Camp Release

The medical release must be signed by the person legally responsible for the camper or application will be rejected and the camper denied admittance. In the event your child needs emergency medical care, the director or nurse will make every effort to reach the emergency contact person listed on this application and/or the parent/legal guardian. I understand that if any sickness/injury should occur prior to camp concerning my child, these are cases for which the camp insurance is not responsible. These pre-existing conditions are my responsibility and the camp will not be liable for the counter medications (Aspirin, Tylenol, Pepto Bismol, etc.) to my child as needed with exception of any medication listed above. I accept the responsibility for and agree to financially reimburse for any damage my child may cause to the camp property. I understand Impact SWTX District Youth Ministries reserves the right for search and seizure. I hereby grant Impact SWTX District Youth Ministries to use my child's likeness in a photograph/video, without payment or any compensation. I hereby authorize Impact SWTX District Youth Ministries to seek emergency medical care for the person named on this application.

Camper's Signature (if 18 or older) _____ **Date** _____

Signature of Parent/ Legal guardian _____ **Date** _____

Camper Fees and Payments

INSTRUCTIONS:

1. Place an **X** in the box of your selected camp session
2. Select the required fees in your camp session column
3. Select any applicable discounts
4. Select any add-on options
5. Total your registration fees below
6. Total your discounts below

If you have any questions please contact us at 512-757-7015 or 512-757-7030

Total Camp Fees: \$ _____

Minus Discounts: \$ _____

Balance Due: \$ _____

**Please make checks payable to
"SWTX Youth"**

**Payments accepted in form of check,
money order and cash.**

Camp Sessions	<input type="checkbox"/> Teen Camp July 22 - 26 Grades 7 - 12 (select options below)	<input type="checkbox"/> Kids Camp July 27- 30 Grades 2 - 6 (select options below)
Early Bird Registration Fee <small>If submitted by 5/1/12</small>	<input type="checkbox"/> \$75	<input type="checkbox"/> \$60
Regular Registration Fee <small>If submitted by 6/1/12</small>	<input type="checkbox"/> \$85	<input type="checkbox"/> \$70
Late Payment Registration Fee <small>If submitted after 7/1/12</small>	<input type="checkbox"/> \$95	<input type="checkbox"/> \$80
If paying at Camp	<input type="checkbox"/> \$105	<input type="checkbox"/> \$90
Camp T-Shirt \$10 each (optional) <small>If your size is not selected we cannot guarantee your needed size on opening day</small> (2XL and 3XL \$2 more)	<input type="checkbox"/> Adult Sm \$10 <input type="checkbox"/> Adult Md \$10 <input type="checkbox"/> Adult Lg \$10 <input type="checkbox"/> Adult XL \$10 <input type="checkbox"/> Adult 2XL \$12 <input type="checkbox"/> Adult 3XL \$12	<input type="checkbox"/> Child Sm \$10 <input type="checkbox"/> Child Md \$10 <input type="checkbox"/> Child Lg \$10 <input type="checkbox"/> Adult Sm \$10 <input type="checkbox"/> Adult Md \$10 <input type="checkbox"/> Adult Lg \$10 <input type="checkbox"/> Adult XL \$10 <input type="checkbox"/> Adult 2XL \$12 <input type="checkbox"/> Adult 3XL \$12