

# KNOWN YOUTH CAMP 2023 CAMPER APPLICATION

A \$25 minimum deposit must accompany all applications. A free t-shirt will be included for all who are registered by the Early Bird Deadline - May 1st, 2023. Any Application received within in seven days prior to the start of your particular camp registered for will be considered walk-on.

The walk-on rate will apply. (no exceptions).

You can register online at: [www.ohiocog.com/yc.html](http://www.ohiocog.com/yc.html) - Credit Cards and Checks Accepted  
**Early Bird Rate = \$160 (Until May 1, 2023) Regular Rate = \$180 Walk-On Rate = \$200**

## Camp Attending (Select One)

### Canaan Acres

(8100 Block of East Haven St. Louisville, OH 44641)

Camp	Age	Dates
Kids	7-10	June 18-21
Middle School	11-13	June 21-24
High School	14-17	June 26-June 30

### Connection Point (FKA Rivers Edge)

88(2429 Moore Saur Rd. Lebanon, OH 45152)

Camp	Age	Dates
Adventure Time	7-9	June 11-14
Kids Alive	10-12	June 14-17
Middle School	12-14	June 19-23
High School	15-17	June 26-30

If a camper desires to attend two camps and is eligible by birthday, or special permission from the State Director, a separate application for each camp must be completed.

## Camper Information: (Please Print Clearly)

Have you previously attended our youth camps? Yes or No

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender M or F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Cell Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Home/Work Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Registration confirmations will be emailed, please provide accurate email address.

Local Church \_\_\_\_\_ Pastor's Signature \_\_\_\_\_

## Medical Information: (Please Print Clearly)

Date of last Tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_ List any allergies/medical problems: \_\_\_\_\_

List all medications taken and why \_\_\_\_\_

Camper Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I give my permission for my child to be baptized in water \_\_\_\_ Yes \_\_\_\_ No

Roommate Preference: \_\_\_\_\_

(Rooming is done with priority to placing church groups together then Roommate preference requests as space allows.)

T-Shirt Size (early-bird only): YS / YM / YL / AS / AM / AL / AXL / A2XL / A3XL

(Camp shirts will be sold at camp while supplies last.)

## Camper Application Continued

Insurance Information: \*Please attach a copy of insurance card (front and back)

Camper is covered By: (Parent/Guardian/Other Insurance/Etc.): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Group #: \_\_\_\_\_ Pre-Authorization Required: YES NO

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Camper Commitment: I have read and do, hereby, agree to abide by the Church of God in Ohio Youth Camp Code of Conduct. I understand that any breach of proper conduct or disregard of camp rules will result in disciplinary action. This disciplinary action is at the sole discretion of the camp leadership and may include but is not limited to dismissal from camp without a refund.

Camper Signature : \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

I give my child, \_\_\_\_\_, permission to attend and participate in all aspects of the Church of God in Ohio Youth Camp, including physical, spiritual, and social. I understand that this is a Church of God camp and doctrines and practices of the Church of God, Cleveland, TN will be taught and practiced. This includes but is not limited to, communion and water baptism. I further understand only camp participants and staff/volunteers will be permitted to attend said events. I give permission for my child to travel with camp volunteers, employees, and/or agents of the camp. I hereby waive, release, and discharge all claims, demands, and causes of action against the program officials, the Church of God in Ohio, and International Offices, Cleveland, TN, their agents, employees, and participants arising from any damages, property loss, or injury my child may sustain at Youth Camp. If my child causes damage to property through willful destruction and/or by accidental means, I hereby accept financial responsibility to repair/replace said property at Church of God in Ohio officials' discretion.

I understand that my child may be denied involvement in any activity for safety precautions or as penalization for disobedience of camp rules at the discretion of officials or volunteers. I further understand campers are allowed to bring cell phones to camp (earbuds/headphone are not allowed). The camper assumes ALL liability for his/her cell phone while at camp. There will be certain times and places where cell phones will not be permitted. Any camper taking a compromising picture of another camper or staff may be subject to dismissal from camp. If the law is broken, appropriate authorities will be notified. If my child breaks the camp rules, or is disobedient, and is dismissed from camp, I am responsible to immediately retrieve my child from the property. I further understand, this would forfeit all deposits/fees paid.

I further consent to allow the Church of God in Ohio Program Officials to provide routine health care, administer prescribed medications, and seek emergency medical treatment as needed. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the staff to secure and administer treatment, including hospitalization, for the camper named above. I understand that the Church of God in Ohio insurance policy is secondary coverage for my child, that my coverage is primary, and I hereby accept all responsibilities for medical costs.

By signing this waiver, I hereby grant the Church of God in Ohio the right to take photographs and video of my child in connection with the above-identified subject. I authorize its assigns and transferees to copyright, use and publish the same in print and/or electronically. I declare that the information provided to me in the Camper Information Packet is acceptable and the information I provided is accurate and current. I hereby state that I have completed all components of this said application and declare I understand and accept the conditions therein.

Parent/Guardian Signature : \_\_\_\_\_

Make checks payable to "Church of God in Ohio." Please note camper confirmation will come via **email**. Applications must be **POSTMARKED** by May 2nd to be eligible for the "early bird" price and free camp t-shirt. Please mail all forms to: Church of God in Ohio, Attn: Youth Camp 2023, 2720 Airport Dr, Suite 130, Columbus, OH 43219

### FOR OFFICE USE ONLY

Camp Fee \$ \_\_\_\_\_ Late Fee \$ \_\_\_\_\_ Amount Rcv'd: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_  
Region: Norther or Southern Date Rcv'd: \_\_\_\_\_. Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Entered By: \_\_\_\_\_