

Name: \_\_\_\_\_ Date Rec'd: \_\_\_ / \_\_\_ / \_\_\_ Deposit Rec'd \$ \_\_\_\_\_  
Last, First Name MI  
Tuition Due: \$ \_\_\_\_\_ - Deposit \$ \_\_\_\_\_ + Snack Shack \$ \_\_\_\_\_ = Amt. Due \$ \_\_\_\_\_  
Office Use Only

## Camper Information

Camper Name \_\_\_\_\_  Male  Female  
Last First  
Birthday \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Parent / Guardian Information

Parent / Guardian Name/s \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent/Guardian Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Emergency Contact Information

In case of emergency and the parent/guardian cannot be reached, please notify:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Camp Miscellaneous

Dress should be neat and clean. All shorts and skirts/dresses must be no shorter than fingertip length when standing. No bare midribs or inappropriate tank tops will be allowed. Staff have the right to ask campers to change if inappropriate.

Remember to bring old clothes for special activities such as water days, messy days, etc.

Bring your Bible, bedding & hygiene items (deodorant, soap, etc.)

Bring swimwear to swim in pool. (optional)

Do not bring your own food or drink. Please bring money for Snack Shack that is there.

This is a Christian Camp, only Christian music will be allowed.

The camp is not responsible for any lost or stolen personal possessions (i.e. Cellphone, Ipods)

The uses of drug, alcohol, tobacco or profanity will not be tolerated.

### Camper Statement

I understand that camp rules are made for my protection and the protection of others, and so I promise to abide by all of the rules of the camp, and further understand that disciplinary action may be taken if I don't.

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Date

## Medical Information

- We do not have any Health Insurance coverage.  
 We do have Health Insurance coverage. Below is the needed information should an emergency occur.

Name of Employer (other than self) \_\_\_\_\_

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

Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Name of Health Insurance Company \_\_\_\_\_

Policy/ Group Numbers \_\_\_\_\_

## Health History

Please check the following if they apply and explain in area below: (List any additional information on a separate sheet.)

- Epilepsy    Diabetes    Convulsions    Kidney Trouble    Heart Trouble  
 Rheumatic Fever    Mental Disorders (Explain Below)    Sleep Walking or Sleep Disorders

Explanation/ Special Instructions: \_\_\_\_\_

Allergic Reactions to the following: \_\_\_\_\_

Camper is taking the following medication (include reason): \_\_\_\_\_

Camper is presently on the following special diet (include reason): \_\_\_\_\_

### Parent/Guardian Statement

I know that the Church of God of Prophecy is interested in the spiritual, moral, social and physical growth of my child. I desire that my child participate in the full Camp program and all activities on or off the campground, unless I advise you otherwise in writing.  
In the event Camp personnel deem my child's behavior unacceptable, I understand that he/she may be sent home at my expense. I further understand that there will be no refund of the Camp tuition if this occurs.  
I assume all responsibility if I allow my child to drive his/her vehicle to and from camp.  
I understand that in the event of minor disciplinary problems, the Director or other Camp personnel may use extra Camp duties as a corrective/ disciplinary action.  
I agree that, having taken such precautions as in the Camp staff's discretion are deemed advisable, the Church of God of Prophecy, or staff shall not be held responsible in damages for any accident or sickness involving my child.  
Also, in the event of an accident, I hereby authorize the Camp staff to administer first aid to my child until proper medical attention can be administered.  
Campers may be inspected for lice upon arrival.  
**IN CASE OF MEDICAL EMERGENCY:** I understand an effort will be made to contact the parent or guardian, and in the event that we cannot be reached immediately, I hereby give my permission to the physician selected by a Camp Official to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for my child named on this application.

\_\_\_\_\_  
Signature of Parent/ Guardian of Camper, or Camper if over age 18

\_\_\_\_\_  
Date

### CONSIDER THIS APPLICATION APPROVED UNLESS OTHERWISE NOTIFIED

Please include a \$25.00 non-refundable deposit with application and make checks payable to: Church of God of Prophecy

Send to: Camp Directors  
18814 "U" Street  
Omaha, NE 68135

Questions? Contact:

Chris or Carissa Pruitt  
Home: (402) 215-4108  
E-mail: Carissa@therefugeomaha.com

**THIS CAMP DOES NOT DISCRIMINATE BASED ON CREED, RACE, COLOR OR RELIGION**