

AYM YOUTH CAMP REGISTRATION FORM

Participants Full Name: _____

Age: _____ Grade During 2019 School Year: _____

QUESTIONS

What t-shirt size would participant wear? (Circle Below)

SM MED LG XL XXL

Does participant have any allergies? If yes, please explain. YES NO

Please circle participants gender (for lodging reasons)

MALE FEMALE

Extra notes we might need to know about participant

EMERGENCY CONTACT INFO FOR PARTICIPANT

Emergency contact #1 full name:

Phone Number: _____

Emergency contact #2 full name:

Phone Number: _____

STEP ONE – FILL OUT
FORMS (4 FORMS IN TOTAL)

STEP TWO – PAY
DEPOSIT BY PAYING ONLINE
AT GRACEWORLDAG.ORG
OR BY PAYING WITH CHECK
OR CASH.

STEP THREE – TURN IN
DOCUMENTS TO PASTOR
CHRIS WITH A CHECK/CASH
OR LET HIM KNOW YOU PAID
ONLINE.

QUESTIONS FOR STUDENTS REGISTERING

Parent/Guardians Full Name: _____

Relationship to Student: _____

Email: _____

Phone Number: _____

Address: _____

**PLEASE NOTE: REGISTRATION FEE OF \$85.00 IS DUE
AT TIME OF REGISTRATION. SPOTS ARE LIMITED. TO
SECURE A SPOT, REGISTRATION FEE MUST BE PAID.
REGISTRATION CLOSING ON MARCH 7TH, 2019.**

2019 YOUTH CAMPER

***This form is provided only to assist churches in collecting the necessary staff information that will be requested in the Brushfire online registration process.*

Camper Registration: \$220 / \$245 if late

Online registration is required to complete the 2019 PFYouth camp application process.

DEADLINES:

Youth 1 (June 17-21): May 28 Youth 2 (June 24-28) : June 3 Youth 3 (July 1-5): June 10 Youth 4 (July 8-12): June 10

Camper forms posted after these dates will incur a \$25 late fee provided space is available.

Step 1: Please complete with Camper information

FIRST NAME										LAST NAME									

D.O.B. (MM DD YY) AGE GENDER GRADE entering 2019-20 School Year

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PRESENT MAILING ADDRESS

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CITY STATE ZIP CODE

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PARENT OR GUARDIAN NAME

PARENT OR GUARDIAN PHONE NUMBER

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EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE NUMBER

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EMERGENCY CONTACT PERSON'S RELATIONSHIP TO CAMPER

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EARLY DEPARTURE: Only those authorized can remove a camper from camp early. List designated person(s):

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Is there anyone we should NOT release your child to? Please list complete name(s):

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Water Baptism: Pen Florida Youth believes in full submersion under water, which serves as a symbolic expression of one's faith in Christ. We will have a baptism service for those students who desire to be baptized.

If my child desires to be baptized, I GIVE I DO NOT GIVE my child permission to be baptized.

Step 2: Medical Information—all medications, prescriptions, and over-the-counter meds must be brought in the original container to the first aid director with the medical form signed by parent/guardian

Does the camper have allergies? Yes No If Yes, explain: _____

Year the camper received Tetanus Toxoid immunization: _____

Can the First Aid Director give Tylenol to your child? Yes No

What communicable diseases has this camper had:

Measles Polio Mumps Chicken Pox Scarlet Fever Whooping Cough Other _____

Does camper have: Heart Trouble Ear Trouble Asthma Hernia Sleepwalking

Other: _____

Step 3: ADD ON's—Please check the add on's for your camp experience. Whatever you check will be added to the registration cost for camp. PREPAID items must be paid in advance or will not be reserved.

Camp PREPAID T-shirt \$12 Adult Size: S M L XL 2XL

PREPAID Snack Shack Card \$10 How many? _____

Camp Late Fee \$25 Submitted after postmarked deadline



YOUTH

2019 PFYOUTH CAMPER CONSENT & AGREEMENT FORM

(REQUIRED)

(1 PER STUDENT—PARENT AND CAMPER SIGNATURES REQUIRED BELOW)

Authorization for: _____
Student Name (Last, First) _____ Church City / Church Name _____

Camp Attending: Youth Camp 1 Youth Camp 2 Youth Camp 3 Youth Camp 4 Kids Camp 1 Kids Camp 2

CAMPER BASIC INFO

Camper Birthdate: _____ / _____ / _____

Home Address: _____ City: _____ ST: _____ Zip: _____

HEALTH CARE INFO

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Insurance Carrier: _____ Insurance Phone: (_____) _____

Insurance Policy and/or Group Number: _____

Policy Holder Name: _____
(First) (Last)

Coverage Start: _____ Coverage End: _____ **Above Camper is not covered by medical insurance of any kind.**

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

By signing this form, I affirm that the information submitted online is true and accurate to the best of my knowledge. I do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is a registered camper at any Peninsular Florida Assemblies of God summer camp, I hereby authorize any director, counselor, nurse, dean, lifeguard, or other responsible person of said Camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I understand that should such treatment be necessary that the Peninsular Florida Assemblies of God summer camp provides only *secondary* insurance, and begins where the camper's primary health and accident insurance policy has been extended to its limits. I understand that every effort will be made to contact me regarding any medical attention given to my child.

I also understand that participants at Masterpiece Gardens Camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that youth camp is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the camp. Finally, I understand that every effort will be made to room church groups in the same dorms. However, due to the structure of camp and limited number of beds, this is not always possible.

We give full permission to Peninsular Florida Assemblies of God summer camps to reproduce any photograph and/or video image of me/my student for promotional usage without obligation to me/my student. AGREE DISAGREE

Water Baptism: Pen Florida Youth believes in full submersion under water, which serves as a symbolic expression of one's faith in Christ. We will have a baptism service for those students who desire to be baptized.

If my child desires to be baptized, I GIVE I DO NOT GIVE my child permission to be baptized.

I have reviewed the camp information sheet and gone over the camp and dress code policies with my child. Camper's signature below confirms his/her agreement to abide by camp policies including dress code.

SIGN HERE:

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN NAME (PRINT)

DATE

Rev 01/16/19

CAMPER SIGNATURE

CAMPER NAME (PRINT)

DATE



2019 PFYOUTH CAMPER MEDICATION FORM

(REQUIRED IF BRINGING ANY MEDICATION—PRESCRIPTION OR NON-PRESCRIPTION)

(1 PER STUDENT—PARENT/GUARDIAN SIGNATURE REQUIRED BELOW)

Authorization for: _____
Student Name (Last, First) Church City / Church Name

Camp Attending: Youth Camp 1 Youth Camp 2 Youth Camp 3 Youth Camp 4 Kids Camp 1 Kids Camp 2

If your camper needs to bring any medication to camp, please complete this information within 24 hours prior to your camper's arrival. All medications must be in the original containers. Place all medication containers in a plastic re-sealable zipper closure bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the first aid table during camp check-in. Inhalers are the only medications that can be kept with the camper (please send two in case one is lost). Over the counter meds such as Tylenol, Midol, and multi-vitamins must all be turned in to the first aid director.

NO MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT/LEGAL GUARDIAN SIGNATURE.
Medical personnel in the sick bay must administer all camper medications.

Name of Medication	Dosage	Time to be given	Signature & Time Given (First Aid Director Use Only)				

Medications will be given as directed on prescription containers. Explain any differences in instructions: _____

I authorize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staff to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me before such action.

SIGN HERE:

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN NAME (PRINT)

DATE