

Impact Summer Camp '15 Registration Form

Date \_\_\_\_\_

**Contact Information**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Cell Number (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Church Name \_\_\_\_\_

**Health Information**

Please list any allergies including drugs, food, insect, etc.

\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medication? Yes No

If so, please explain what and how much must be administered:

\_\_\_\_\_  
\_\_\_\_\_

Insurance Company/Group Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Any other important information \_\_\_\_\_

\_\_\_\_\_

**What to Bring:**

- Sleeping bag
- Pillow
- Toiletries
- Sunscreen
- Insect repellent
- Regular clothes
- Warm clothes

- Modest swim wear
- Flashlight
- Grubby clothes for Dorm Wars
- Money for Snack Shack

**What to Leave:**

- Cell Phones
- Electronics
- Weapons of any kind (knives, guns, etc.)
- Drugs (tobacco, alcohol, etc.)

**Dress Code: The Camp Directors and Dorm Supervisors have authority to ask a student to change clothes if clothing is deemed inappropriate. No hateful dress attire. Shoes or sandals must be worn at all times.**

Boys:

- Shirts must be worn at all times except while swimming

Girls:

- Skirts and shorts should be at fingertip length
- Tank tops should be two fingertip width

**Emergency Contact Information**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Emergency Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

To the parent or guardian: I, the undersigned, approve the camp application and expressly waive any and all claims against the Pentecostal Church of God, the District Youth Director, youth camp staff, or any representatives because of any injury or damage that may be incurred to the named applicant. By signing below I give permission to the staff of Impact Northwest Student Ministries to transport by child to and from camp events. I also authorize the camp to act in the medical best interest of my camper in the event of a medical emergency. I give them full authorization of medical decisions.

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

I, \_\_\_\_\_, agree to abide by all of the policies of Impact Student Ministries in the Pentecostal Church of God and treat everyone with respect.

Camper Signature \_\_\_\_\_ Date: \_\_\_\_\_