

SOUTH TEXAS YOUTH CAMP 2017 CAMPER APPLICATION

PLEASE PRINT NEATLY IN BLACK INK

**PLEASE CIRCLE
CAMP ATTENDING**

Week 1:
Dates: June 5-8
Speaker: Zach Hinson
Ages: 12-18

Week 2:
Dates: June 13-16
Speaker: Truston Baba
Ages: 12-18

Week 3:
5-DAY CAMP
Dates: June 20-24
Speaker: Mike Miller
Ages 12-18

THIS FORM MUST BE FILLED OUT AND SIGNED BY A PARENT OR LEGAL GUARDIAN AND SENT WITH A \$70 DEPOSIT AND GROUP SHEET. FORMS WILL NOT BE PROCESSED WITHOUT THE GROUP SHEET OR IF THEY ARE NOT FILLED OUT COMPLETELY. Forms will NOT be accepted by fax. Camp balance will be due upon arrival at camp. The registration fee is non-refundable and non-transferable within TWO weeks of camp.

CAMPER INFORMATION

First Name: _____ Last Name: _____
 Address: _____ City: _____ Zip: _____
 Date of Birth: ____/____/____ Age: _____ Birth Gender (Circle One): Male Female
 Email: _____ Cell: _____
 Church Attending With: _____ City: _____
 Family Physician: _____ Phone: (____) _____ City: _____
 Current Medication: _____ Allergies: _____
 Tetanus Vaccination: **Yes** **No** Circle All That Apply: Epilepsy Heart Problems Asthma
 When: _____ Diabetes Thyroid Problem Other: _____

**CAMP COST
WEEKS 1 & 2**
\$150 Postmarked by March 14
\$160 Postmarked by April 11
\$170 Postmarked by May 9
\$180 after May 10

**CAMP COST
WEEK 3**
\$185 Postmarked by March 14
\$195 Postmarked by April 11
\$205 Postmarked by May 9
\$215 Postmarked after May 10

PARENT INFORMATION

Name of Parent/Legal Guardian: _____
 Address: _____ City: _____ Zip: _____
 Home Number: (____) _____ Cell: (____) _____ Work: (____) _____

INSURANCE INFORMATION

In case of medical treatment and/or expenses, the camper's personal medical coverage will be the primary carrier. Camp Insurance will be secondary to the camper's policy. PLEASE MAKE SURE ALL INSURANCE INFORMATION IS COMPLETE.

Insurance Company: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Policy Number: _____

**FOR MORE
INFORMATION:**
www.stxym.org
 713.455.5252
zodwa@stxym.org

PRE ORDERS: \$20 CAMP T-SHIRT (please circle size) S M L XL 2XL other ____
STL 5k Run at Camp \$25 _____ (100% of this goes to STL Missionaries. Paying runners are eligible for a prize!)

TOTAL: CAMP T-SHIRT cost: \$ _____ + CAMP Deposit \$70 or other \$ _____ = Total Included for this student: \$ _____

CREDIT CARD PAYMENT OPTION: (complete in full)

YOUTH PASTOR: Check this box if your church has already run this credit card

Card Type (circle one): **American Express** | **MasterCard** | **Visa**

Name on Card: _____ Card Number: _____

V-Code (3 digits on the back of the card. AMEX is 4 digits located on the front): _____ Exp. Date: _____ Zip: _____

Cardholder's Email: _____

PARENT/LEGAL GUARDIAN CONSENT

I, the parent or legal guardian of _____ (camper's name) do hereby state that I have legal custody of the child who resides with me and have read and approved the included camp information. I give my permission for my child to attend camp and participate in all activities. In consideration of my child being allowed to participate in this event, I authorize the South Texas District Council of the Assemblies of God to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against the District for the use of such photographs or video. I give my permission for authorized camp personnel to inspect camper's belongings to insure that they have no illegal or prohibited items. I will be held responsible for any and all damages my child may cause to the camp site or facilities. I hereby authorize any authorized camp personnel to obtain any medical care necessary. I authorize emergency treatment in the event of illness/injury when parents are not immediately available. I understand, if necessary, the camper will be taken to a nearby hospital and will be attended by a physician on call. I further understand that I will be responsible for any medical expenses incurred.

**YOUTH PASTORS:
MAIL COMPLETED
FORMS TO:**

**YOUTH CAMP
11102 EAST FREEWAY
HOUSTON, TX 77029**

(NEW: Each registration includes a free camp video)

Parent/Legal Guardian Signature

Date