

**NOTE: Applications are 100% transferable within current year or 80% refundable if notification is received by day of registration. All applications must be POSTMARKED by May 15<sup>th</sup> with full tuition amount to avoid a late fee charge of \$25.00. Please remit all inquiries to Coordinators office for approval NO LATER than day of registration.**

CAMPER INFORMATION			
NAME OF CAMPER (Last, First, Middle Initial)	DATE OF BIRTH	AGE	BIRTH GENDER
	/ /		(Circle One): M F
ADDRESS	Has the camper ever been convicted of a crime?		
	If yes, please explain:		
CITY STATE ZIP	Shirt Size: Youth _____ Adult _____		
AREA / PHONE( )	Member or Attend Church at:		
EMAIL ADDRESS:			

PARENT LEGAL GUARDIAN INFORMATION	
PARENT / LEGAL GUARDIAN (1)	PHONE NUMBER
PARENT / LEGAL GUARDIAN (2)	PHONE NUMBER
PARENT / LEGAL GUARDIAN ADDRESS (if different from camper)	

CAMP / RETREAT APPLYING FOR:	AGE ELIGIBILITY RULE:
___ Pee Wee ages 6-8 Check In 10:00 AM ___ Discovery age 9 – 11 Check In 4:00 PM ___ Senior ages 12 – 14 Check In 4:00 PM ___ Collegiate ages 15 – 19 Check In 4:00 PM ___ Winter Retreat ages 14-19 Check In 10:00 AM ___ Season 5 ages 20+ Check In 10:00 AM ___ Men’s Retreat ages 16+ ___ Ladies Retreat ages 16+	Applicants must be the designated age of camp by September 1 of camping season. Exceptions can only be made with special permission and at the discretion of the Camp Coordinator. You must obtain pre-approval prior to the start of camp for exceptions to be granted.  Age limits are necessary for proper safety, health, and maturity standards. Due to capacity limitations and lesson material content, CAMPERS may only attend <b>ONE</b> camping session of their proper age group.  Due to insurance regulations and the safety of campers, campers must remain on campgrounds upon check-in of registration day and remain until appointed check-out time. There are some exceptions due to emergencies. Please see Camp Boothe Coordinator for appropriate procedures.

STATEMENT OF CERTIFICATION AND UNDERSTANDING	
I certify that all the information provided on this application is accurate to the best of my knowledge. I understand that by signing this application I am agreeing to abide by all the policies and discipline of the camp (Camp Boothe referring to all camps and retreats sponsored by The Church of God of Prophecy), its administration, and staff personnel. I also understand that Camp Boothe nor The Church of God of Prophecy are responsible for any valuables and/or personal property that may be lost or stolen. Camp Boothe reserves the right to utilize any or all photographs and/or video footage taken of camper for staff member for promotional use or advertisement.	
_____	_____
CAMPER'S SIGNATURE (18 and older)	DATE
_____	_____
PARENT / LEGAL GUARDIAN SIGNATURE	DATE

CREDIT CARD INFORMATION (We accept-Visa, Master Card, Discover)	
Type of card (Circle One) Visa Master Card Discover	Card Number:
Card Expiration: CVC Code:	Name as it appears on card:
Amount of Charge	Address of billing statement
Cardholder’s Signature	City, State, Zip

EMERGENCY CONTACT		MEDICAL PROCEDURES	
Camper Name:	If a parent/legal guardian cannot be reached in an emergency, please notify:		
EMERGENCY CONTACT #1Name	Phone:		
EMERGENCY CONTACT #2 Name	Phone:		
NOTE: Camp medical personnel will screen each camper upon arrival at check-in. In the event of illness (contagious and/or viral) or existing injury, camp personnel will be notified immediately	Each camper will be screened for lice before being admitted to camp. If lice are detected no treatment will be administered by representatives of Camp Boothe; therefore, the camper will not be allowed to check-in. Legal guardian has the option to treat the camper off campus and return for a re-check within 24 hours.		

MEDICAL DATA	
Indicate recent illnesses, medical complications, surgeries, and any known allergies (bee, food, etc.) or physical limitations	List the name, dose and frequency of medication the camper takes on a regular basis
Any specific activities to be restricted?	

MEDICAL INFORMATION	
POLICY HOLDER NAME:	I further understand that my medical insurance company will serve as the Primary Coverage.  All medical treatment and records are strictly confidential and are to be accessed by proper personnel only.
INSURANCE CO:	
POLICY NUMBER:	

CONSENT & RELEASE STATEMENT
<p>Please read and initial each statement and sign at the bottom.</p> <p><input type="checkbox"/> I give consent for my child to participate in all activities at Camp Boothe.</p> <p><input type="checkbox"/> I give consent for Camp Boothe to utilize any or all photographs and/or video footage taken of the camper or a staff member for promotional use or advertisement.</p> <p><input type="checkbox"/> In the event that I or my child named above becomes ill or is injured while under the supervision of Camp Boothe, I authorize camp authorities to do the following:  (1)Contact the parent / legal guardian of the camper (campers under the age of 18) and follow his/her instructions; (2)In case of an emergency, when neither parent nor legal guardian can be reached immediately, camp authorities are authorized to use the best judgment in contacting a physician or other health care provider and to authorize the provision of necessary medical, surgical, or other care; (3)By this CONSENT, I appoint the proper camp authority as my attorney-in-fact for the purposes herein stated.</p> <p><input type="checkbox"/> Camp Boothe may provide first aid and basic nursing care to my child. The nurse may treat with the following medications: oral medications include: Acetaminophen (pain reliever) Diphenhydramine (allergy relief), Ibuprofen (pain/fever) Sore throat lozenges, Topical Medications, and treatments: itch relief, antibiotic ointment, bandages, muscle soreness, sunburn relief, pain relief spray, swimmers ear treatment, rash, and abrasion cream. I am attaching any special instructions in regard to my child's allergies, medications, or specific needs, to this form.</p> <p><input type="checkbox"/> I understand that my child must be free from COVID19 symptoms and, should symptoms develop while in the care of Camp Boothe, my child will be separated from the rest of the people at camp. I will be contacted and my child must be picked up within three hours of my being notified. I further voluntarily agree that Camp Boothe may monitor my child for symptoms of COVID19 included by not limited to fever of 100.4* Fahrenheit or higher, shortness of breath, chills, dry cough, sore throat and muscle aches.</p> <p><input type="checkbox"/> I will immediately notify Camp Management if I become aware of any persons with whom my child or I have had contact who exhibit any symptoms of COVID19, are advised to self-isolate, quarantine, or has tested positive for COVID19.</p> <p><input type="checkbox"/> I voluntarily agree to assume all of the forgoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to personal injury, disability, and death) illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) my experience or incur in connection with my child(ren)'s attendance at camp or participation in camp programming ("claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the camp, its employees, agents, and representative, of any from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the camp, its employees, agents, and representatives whether Covid19 infection occurs before, during, or after participation in any camp program.</p> <p><input type="checkbox"/> In consideration of Camp Boothe, Inc. making available Camp Boothe and for the other benefits that I or my child receive, I do hereby release and discharge The Church of God of Prophecy, Camp Boothe, Inc., Camp Boothe, its agenda, employees, and staff from all liability of any kind or nature, claim, demand or cause of action which might be asserted. I understand that this is a RELEASE and with that knowledge, I voluntarily sign it.</p>

Parent/Legal Guardian/ Camper (age 18 and older) printed name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_