

CALIFORNIA CHURCH OF GOD OF PROPHECY CAMP MINISTRY

Registration

1. Fill out one Registration Form per Camper.
2. Review Guidelines & What to Bring Form before coming to camp.

3. Return all Forms to:
The Church of God of Prophecy State Office
7970 Cherry Ave Ste 304
Fontana, CA 92336

IMPORTANT!
NO PERSONAL CHECKS WILL BE ACCEPTED

PLEASE MAKE ALL CASHIER'S CHECKS/MONEY ORDERS PAYABLE TO:

Church of God of Prophecy

MEMO: Children's Camp OR Teen Camp

OR

Pay online:

<http://cacogop/>

Camp Cost: \$195

IF deposit is paid by June 9, 2019
Online registration will CLOSE on June 9

Deposit: \$50

Due by June 9, 2019
Online registration will CLOSE on June 9

Walk-in Camp Cost: \$215

Will NOT include Camp T-Shirt

CALIFORNIA CHURCH OF GOD OF PROPHECY CAMP MINISTRY

Registration Form

PLEASE CHECK THE CAMP YOU WILL ATTEND:
 Children's Camp **Teen Camp**
AGES: 5-12 **AGES: 12-18**

Full Name:		Home Church	
Date of Birth: MM/DD/YEAR	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:			
City:	State:	Zip:	Home Number:
Emergency Contact: FULL NAME	Relation:		Emergency Number:
Date of Last Immunization:		Date of Last Tetanus:	
Any operations or serious illness:			
Are you allergic to penicillin or any other drug reactions:			
Any special medical or dietary routine? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain.			
Insurance Provider:			
Policy Number:		Group Number:	

NO INDIVIDUAL REGISTRATION WILL BE ACCEPTED WITHOUT THE FOLLOWING SIGNATURES

GENERAL RELEASE

___ I understand that I, LEGAL PARENT/GUARDIAN/LEADER/REGISTRANT, am responsible for the conduct of the camper and any damages done by the camper and/or am responsible for all repairs.

___ I consent to my child's personal decision to accept Christ and be baptized in water according to the Scriptural teachings of the Church of God of Prophecy.

MEDICAL RELEASE

___ I hereby consent to any treatment deemed advisable in an emergency by an EMT, nurse, doctor, physician, or hospital staff. I also certify that camper's immunizations are up to date. I release CALIFORNIA CHURCH OF GOD OF PROPHECY CAMP MINISTRY from any and all liability, claims, demands for accidents, illnesses, or emergency treatment required, as well as any property damages and/or expenses incurred.

PHOTO VIDEO RELEASE

___ The undersigned hereby gives permission to California COGOP Teen Camp Ministry/Children's Ministry to use any photographs, videos, and/or audio recording of the participant for promotional use, including CA COGOP Youth Ministry internet postings, without expectation of compensation.

Parent/Guardian must sign ONLY if Camper is under the age of 18.

Date: _____

Camper's Signature: _____

Parent/Guardian's Signature: _____

Print Camper's Name: _____

Print Parent/Guardian's Name: _____