

2011 Camper Application

PLEASE PRINT CLEARLY AND FILL OUT ALL SECTIONS

Application _____
 Pastors sig. _____
 Parents sig. _____
 Pre-reg. \$ _____

↑ For SMDC office use only

First Name		Last Name		Birthdate	Gender M/F
Mailing address			City	State	Zip
Home Phone () -	E-Mail Address		Emergency Number or Parents Cell () -		
Parents/Guardian Name		Parents/Guardian Work Number () -		Parents/Guardian Working at camp? Yes No	
Sr. Pastor			Children's Pastor		
Church Attending with			Church City	SOMO A/G church? Yes No	

To ensure you get signed up for the week of camp you would like to attend, please send in your forms ASAP. Beds are limited each week of camp and they will be assigned on a first come, first serve basis. Walk-ons will be housed with the rest of your group if space allows.

PLEASE MARK WHICH CAMP: (J-11, Spgfd, Jopln / J-18, StL, Sul, PHills / J-25, WPlns, Cape, Ken, VBur / A-1, KC, Sed, Clint)

____ July 11 Pre-registration Due June 20th	____ July 18 Pre-registration Due June 27th	____ July 25 Pre-registration Due July 4th	____ August 1 Pre-registration Due July 11th
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Camper Application AND Pre-Registration money due by Pre-Registration date.

Any form or money post marked after that date will be considered **LATE**. Any incomplete form will also be considered **LATE**

Pre-Registration: \$25.00 (Included in Total Cost)

IMPORTANT INFORMATION

***TOTAL COST (SOMO AG) -\$140.00**
 PreRegistration is \$25 + \$115 due at Camp
***Pre-registration** fee is Transferable.

***LATE FEE** - \$25.00 If received/post marked after the pre-registration date listed above. (Completed form or pre-reg. \$)
NO EXCEPTIONS.

***TOTAL COST (NON SOMO AG) -\$165.00** (PreRegistration is \$25 + \$140 due at Camp)

***Phone and FAX registrations** will not be accepted for any of the camps due to required legibility of critical information

***** PLEASE DO NOT** send an incomplete application. **Incomplete forms may incur a \$5 fee for follow up phone calls.**

Complete the Check list: Personal Info, Health info, Pastor, Parent & Camper signature. Payment

Please Mail Application and pre-registration money to: 528 W Battlefield, Springfield, MO 65807

All fees are transferable to a replacement camper, but not fully refundable. We will charge a \$25 no show fee for campers who do not come to camp, but have sent us their application. Their registration can be transferred to a replacement with no charge, but if left unfilled the fee applies.

You may pre-order Camp T-shirts or DVDs
Online or Call to order...

KidZMo.org

417.881.1316

PreRegistration---\$25 (Balance due at Camp): _____

Full SoMo AG Registration---\$140: _____

Full Non SoMo AG Reg---\$165: _____

Late Fee---\$25: _____

Total Enclosed: _____

Insurance Carrier _____	Insurance Phone Number () - _____
Policy Number _____	Group Number _____
Insured's Name _____	Insured's Social Security # _____

Are all immunizations current with State Law? Yes No

My Camper may be given over-the-counter, non-prescription medications or applications, not to exceed recommended dosage for stomach discomfort, burns, cuts, insect bites, rash, aches, fever, cough, congestion, etc. (If Not Check Here)

List Exceptions _____

- Does Camper have:
- Heart Trouble Seizures Asthma Hernia
 - Diabetes Lung Trouble HIV/AIDS Allergies
 - Other _____

Please explain checked items AND list any medication (name/dosage/instructions) the camper is taking.

ALL medications, prescriptions and over-the-counter drugs must be brought in the original bottle to the camp nurse upon arrival at camp.

Medication Administration Record

Write in times and check days camper is to be given this medication

Name of Medicine _____							Name of Medicine _____							Name of Medicine _____						
Exact Dosage _____							Exact Dosage _____							Exact Dosage _____						
For Treatment of _____							For Treatment of _____							For Treatment of _____						
Time	Mon	Tue	Wed	Thur	Fri	Time	Mon	Tue	Wed	Thur	Fri	Time	Mon	Tue	Wed	Thur	Fri			

Doctor's Signature _____ **Required with serious health problems.** Included are:
Severe allergies, seizures, diabetes, mental and emotional health issues.

EMERGENCY TREATMENT PERMISSION/COOPERATIVE AGREEMENT

As parent or guardian, I have given permission for my child to attend camp, and I hereby authorize and request any doctor, medical clinic or hospital emergency room physician to administer such treatment and to do any procedure in their judgment that may be necessary. I fully understand that the camp insurance is secondary coverage with a maximum benefit of \$5,000 per incident, and that I will need to file my own insurance first. I also understand that the camp insurance covers ACCIDENTS ONLY and that I accept full responsibility for any charges related to causes other than accidents, or charges beyond the \$5,000 maximum of the camp insurance. I also hereby give permission to the Dorm Leader and/or other member of the camp staff to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents. Permission is given to SMDC Assemblies of God to use photographs (individual or group) and/or multimedia images and recordings in the best interest of SMDC Assemblies of God.

Parent/Guardian Signature _____ **Relationship** _____

Your signature signifies you understand and support your student's involvement in the Southern Missouri District Camp and will enforce all of the rules set by Southern Missouri District Camp. (Read Information Sheet).

Pastor Approval Signature _____

Your signature signifies your approval of this student's participation in Southern Missouri District Camp and confirms they are in good standing with your church. Your signature also signifies you understand and will support all of the Southern Missouri District Camp Rules.

Camper Signature (Read attached Rules Sheet) _____

The above signature signifies that I have read carefully, all of the information regarding camp rules and dress code located on the attached Information Sheet. I understand by signing above that I agree to abide by all camp rules and policies as a Southern Missouri District Camp participant.

Is there any information we should have regarding the welfare of this camper (handicaps, restrictions on activities, diets, allergies, diabetes, mental or emotional issues, etc)? _____

Camper's Name _____ Church & City _____