

Youth Camp 2020

Hey Kids!

Here is your camp application for Youth Camp 2020. We are very excited to be going back to Mountain Top Retreat again this year! Last year was so much fun! Camp costs \$80 this year and there is a \$40 deposit due when you turn in your application. The application needs to be turned in by May 31st. The remaining money is due on June 30th when we leave for camp.

You can start making payments toward your camp at any time. We will keep track your payments under your name. All you have to do is put the payment in an envelope with your full name and that it is for your camp. Then just mail it to the office address above or drop it in the offering. Make sure you mark it with your full name and that it is for your camp, so that we can record it properly.

After we receive your application and deposit, we will e-mail you or send home an information packet. This will include all the information you need for what to bring, what time we leave, when we get back, and all that good stuff. **You will also need to provide proof of a doctor's screening.** All forms are provided with this packet or online at <http://www.gmc-gj.com/youth-camp/>. This must be dated within the last 12 months from July 3rd 2020. You will need to supply this proof of a physical on the first day of camp, June 30th, or before, to the church office. If you do not have this statement, you will **NOT** be allowed to go to camp. This is a state requirement that we must comply with. If your child has had a physical already this year, your doctor's office is usually happy to fill out our physical form. Don't wait until the last minute!

If your parents have questions about the prices or dates or anything at all, have them call Pastor Mark at (970) 201-1945.

Pastor Mark Starnes
Gospel Ministries Center
1622 Glenwood Ave.
Grand Junction CO 81501
(970) 243-6528

Youth Camp 2020

Application for Gospel Ministries Center Youth Camp

Ages 7-18

June 30-July 3, 2020

Please Print

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Birthday: ___/___/_____ Age: _____ Sex: M F Grade Level: _____

Parents/Guardians E-mail: _____

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Parents/Guardians Place of Employment: _____

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Name of individual authorized to take child from camp if different from Parent/guardian:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

In Case of Emergency, person to notify if unable to contact parents:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Camper's T-shirt Size Youth: S M L Adult: S M L XL 2XL 3XL 4XL

Camp cost is \$80.00 per child. There is a \$40.00 **non-refundable** deposit required to be turned in with this application to reserve your spot. In order for us to process this application, it must be filled out and turned in no later than **May 31, 2020**. The application must be filled out completely, front and back, to be accepted.

Medical / Liability / Photo Release

Health Problems/Illness/Medications: _____

List any allergies: _____

Last Tetanus Shot: This year _____ 1-5 years ago _____ Over 5 years _____

Child's Physician: _____

Address: _____ Phone: _____

Insurance Company Name: _____

Policy Number: _____

Parent/Legal Guardian – please read and sign below:

I realize that children at camp can become injured. I hereby assume the risk of all injuries to my child, and hereby release and discharge Mountain Top Retreat, it's staff, board, and agents from any and all liability which may result from injury to my child. I also release all volunteers, church staff, and Gospel Ministries Center from any liability. Insurance protection is my responsibility. I give my permission for the camp to administer medications as it deems necessary to my child. This includes medications sent with my child, or non-prescription medications available at camp. I give my permission for my child to participate in all camp activities of Gospel Ministries Center, both on and off camp property, either by walking or riding in camp or church vehicles. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the camp director to hospitalize and secure proper treatment (including surgery) for my child. I also give my child permission to participate in all camp activities including, without limitation, the zip line and water slide. I give my permission for any pictures of my child taken during camp to be used for promotional videos, slides, displays and brochures. I assume financial responsibility for my child's actions which may cause damage to property. If the staff deems it necessary for my child to be removed from camp, due to disciplinary reasons or other problems, I will respond by promptly picking up my child.

I also agree to allow the Pastor, Children's Pastor, and Youth Pastor to search and seize any illegal contraband or harmful items from the baggage of my child, if they have reason to believe it might exist.

Parent/Legal Guardian Signature

Camper's Signature (agreeing to follow the rules of camp)

Relationship to child: _____ Date _____

Medical Information Form

In order to allow your child in camp, the Colorado Division of Child Care requires all campers to have completed a health exam by a licensed physician within the 12 months preceding the date of the camp. This form does not need to be completed at the time you send in the camper registration form. However, we will need to have it completed with the Doctor's signature prior to the start of camp.

Camper Information

Name: _____
Birthdate: ____/____/____ **Grade entering:** _____
Mail Address: _____
City _____ **St** _____ **Zip** _____
Phone:(_____) _____ **Age:** _____ **Girl | Boy**

Doctor's Exam

To the Doctor: The above named child is submitting themselves to you for a standard health examination for participation in normal camp activities. The exam can be like one administered for school or athletic participation. You may sign this form, use your own letterhead or prescription pad, as long as it contains the name of the child, your name and signature, and a statement as to the patient's fitness for camp activities.

Doctor's Name: _____

Phone Number: (_____) _____

Address: _____

City: _____ **St:** _____ **Zip:** _____

Doctor's Signature: _____ **Date:** _____

Doctor's Statement: "I have examined this child, and found him/her to be in satisfactory physical condition and capable for participation in camp activities with the following exceptions: _____

Medications: Please list any medications the child will be taking while at camp:

Medical history: Please list any instructions concerning this camper, such as allergies, foods, special diets, and any activity you wish your child not to participate in:

Immunization Dates: (state law requires it) Your child will not be allowed to stay at camp without this information.

MMP Booster: Mo _____ Yr _____ **DPT Booster** Mo _____ Yr _____

Medical Insurance Company: _____

Address: _____

Family Dentist: _____

Address/Phone: _____