



SGACOG SUMMER YOUTH CAMP

CAMPER APPLICATION - SUMMER 2024

Church of God Camp Grounds | 42 Kell Rd Tifton, Ga 31793

229.386.2967 | Fax 229.386.2740 | www.sgacog.org

CAMP COST

Deposit \$35.00 -per student (non-refundable/non-transferable)

\$125.00 - through Feb 29th

\$150- March 1st-May 25th

Cost After May 25th: \$175.00

Walk-On Fee (June 10th and later): \$200.00

DO NOT MAIL AFTER JUNE 10th APPLICANT WILL BE CONSIDERED A WALK-ON

No application will be accepted until this form is complete and accompanied by deposit.

Please Print Clearly:

Camper Name: _____ Sex: M / F Birthdate: ____/____/____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (required): _____ Local Church: _____

Parent/Guardian: _____ Cell Phone: _____

Parental Consent and Release of Liability 2024 Youth Camp

I, _____, hereby acknowledge that it is my desire for my child to be a participant in the 2024 South Georgia Church of God Youth Camp, including all activities associated with this event; as well as transportation to and from this event and all related activities.

I AM (MY CHILD IS) VOLUNTARILY PARTICIPATING IN THIS EVENT, INCLUDING TRANSPORTATION TO AND FROM THIS EVENT AND ITS RELATED ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me (my child) to participate in the 2024 South Georgia Church of God Youth Camps including transportation to and from this event and all it's related activities, I hereby release and discharge the South Georgia Church of God Offices and South Georgia Church of God Youth Camp, its officers, employees, agents and members of the Board of Trustees from all actions, claims or demands I and my heirs, distributes, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Board of Trustees, before or during my (child's) participation in this sponsored activity on and/or away from these premises, including transportation to and from the group activity area and other transportation provided for related activities.

I approve of my child's participation as a part of the 2024 South Georgia Church of God Youth Camp program, including any mission project or activity conducted outside of the South Georgia Church of God State Campground, Tifton, GA.

_____(Name of Minor), will participate as a camper in the South Georgia Church of God Youth Camp

Program which runs from (Check One)

PRIMARY CAMP June 4-7 (Ages 6-8) _____, **INTERMEDIATE CAMP** June 10-14 (Ages 9-11) _____,

YOUNG TEEN CAMP June 17-21 (Ages 12-14) _____, **TEEN CAMP** June 24-28 (Ages 14-17) _____.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND I SIGN IT OF MY OWN FREE WILL.

This Consent and Release from Liability shall remain effective until revoked in writing and delivered to any officer, employee or agent of the South Georgia Church of God State Office.

Executed this _____ day of _____, 2024 Signature _____

Phone: 229.386.2967

Email: youthsec@sgacog.org

Parental Release Form
No application will be accepted until this form is complete.

IMPORTANT MEDICAL INFORMATION:

Name: _____ Birthdate: _____

List all medical conditions: _____

Current medications being taken: _____

List all restricted activities: _____

Allergies: _____ Type of reaction: _____

Treatment given: _____ Date of last Tetanus Shot: _____/_____/_____

Note for the nurse: _____

I hereby give permission to the camp nurse to administer any of the following over the counter medications to my child as needed, in the dosage appropriate based on my child's age and size: ___Aspirin ___Benadryl ___Ibuprofen (Advil, Motrin) ___Acetaminophen (Tylenol) ___Anti-Acid ___Pepto Bismol ___Imodium AD ___Cough Drops

If your son/daughter is covered for sickness/injuries by your family insurance, please complete the following form.

Is Camp Staff authorized to approve medical treatment? (circle one) Yes No

Is Participant covered by personal/family medical insurance? (circle one) Yes No

If yes, Name of Insurer _____ Policy or Group Number _____

MODEL RELEASE:

I also consent to the use of any video footage, photos, or any other visual or audio reproduction in which my child may appear by South Georgia Church of God Youth & Discipleship. I understand that these materials are being used only for the promotion of South Georgia Church of God Youth & Discipleship, which may include recruitment and fund-raising efforts. I release the South Georgia Church of God from any liability connected with the use of my child's picture or voice recording as part of any promotional, recruitment or fund-raising program. YES_____ NO_____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relation to Camper: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

I here
by give my child _____ permission to attend 2024 South Georgia Church of God Youth Camp at the South Georgia Church of God Camp grounds, Tifton, GA

Roommate Preference: 1st: _____ 2nd: _____

CAMPER AGREEMENT

I hereby pledge my word of honor that I will abide by the rules and regulations of the camp during my stay, with the understanding that failing to do so will result in my being sent home from camp.

Signature of Camper

PASTORAL ENDORSEMENT (REQUIRED)

NO APPLICATION WILL BE ACCEPTED WITHOUT PASTORAL ENDORSEMENT

Senior Pastor Signature

Ministerial #: _____

Date: _____

*Mail Applications
and \$35 deposit to:*
South Georgia Church of God
"Youth Camp"
42 Kell Rd. | P.O. Box 1370
Tifton, Ga 31793
Make checks payable to:
South Georgia Church of God

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Pre-Order Camp Shirt \$15 (\$20 at camp and no guarantee)

(Please include in addition to Deposit)

___ Youth S ___ Youth M ___ Youth L ___ Adult S ___ Adult M ___ Adult L ___ Adult XL ___ Adult XXL ___ XXXL ___

PAYMENT OPTIONS

Please choose one of the following payment options:

___ \$35 Non-Refundable Deposit (per camper)

___ \$150 Registration Before May 25th

___ \$175 After May 25th

___ \$200 WALK-ON (Space not guaranteed)

Multiple Camper Family Discount (*Only until May 1st)

(\$35 Non-Refundable Deposit due per camper)

1st ___ \$150 2nd ___ \$145 3rd ___ \$140 4th ___ \$135

CASH, MONEY ORDER OR CHURCH CHECK

Please make check payable to:

South Georgia Church of God

Youth Camp

South Georgia Church of God

42 Kell Rd. | P.O. Box 1370

Tifton, Ga 31793

Mail To:

CREDIT CARD PAYMENTS

___ VISA AMOUNT APPLIED: \$ _____

___ MC

(Credit Card Number)

(Exp. Date)

(Security Code- 3 digit #)

CAMPER PICK-UP

(*No camper will be allowed to leave camp during the week except for emergencies.)

Please list authorized person to pick-up camper other than the parent and/or guardian.

Is there someone we should NOT release camper to? Please list the complete name.

(Parent/Guardian Signature)

(Date)

Please Note: We want to ensure a safe environment for our students. Because of this, our camp will be a "closed campus".

We will not be accepting visitors, unless prior approved. Thank you for your understanding. In case of emergency call:

229.386.2967

Do Not Write Below - For Office Use Only

Date Received Confirmation Sent Registration Fee Paid Balanced Due Cabin # Received By Balance Received