



CAMP KAHOKA

A CHURCH OF GOD OF PROPHECY MINISTRY

CAMPER APPLICATION

\$135 BY MAY 1
\$160 AFTER MAY 1
\$20 NON-REFUNDABLE DEPOSIT REQUIRED
WITH APPLICATION
DEPOSIT IS TRANSFERRABLE.

SELECT CAMP & T-SHIRT SIZE **LEGALLY MUST BE COMPLETED BY PARENT OR GUARDIAN IF UNDER 18.**

<input type="checkbox"/> KID'S CAMP (AGES 7-12) DIRECTORS JASON & LACINDA WHITTINGTON 7217 GLENN HILLS DRIVE SHERWOOD AR 72120 870-219-5636 LACINDA.WHITTINGTON@HEARTLANDCOGOP.ORG	<input type="checkbox"/> SENIOR CAMP (AGES 13-COLLEGE) DIRECTORS SHANNON & AMEE TRIBBLE 625 LARKSPUR LANE TRUMANN AR 72472 870-919-9914 SHANNON.TRIBBLE@HEARTLANDCOGOP.ORG
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YOUTH: SMALL MEDIUM LARGE XLARGE **ADULT:** SMALL MEDIUM LARGE XLARGE XXLARGE XXXLARGE _____

NOTE: WALK IN OR LATE REGISTRANTS (AFTER MAY 1) NOT GUARANTEED A CAMP THEMED SHIRT

CAMPER'S DATA			PARENT'S DATA	
FULL NAME: (FIRST, MIDDLE, LAST)			FATHER'S NAME	DOES FATHER HAVE LEGAL CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS:			ADDRESS: (IF DIFFERENT THAN CAMPER)	
CITY/STATE/ZIP:			FATHER'S EMPLOYER	
AREA CODE/PHONE:			FATHER'S AREACODE/WORK PHONE	AREA CODE/CELL NUMBER
BIRTHDATE: (M/D/Y)	CURRENT AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MOTHER'S NAME	DOES MOTHER HAVE LEGAL CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO
GRADE GOING INTO IN THE FALL			ADDRESS: (IF DIFFERENT THAN CAMPER)	
EMAIL			MOTHERS'S EMPLOYER	
HAS CAMPER EVER BEEN CONVICTED OF A CRIME? IF YES, PLEASE EXPLAIN.			MOTHER'S AREACODE/WORK PHONE	AREA CODE/CELL NUMBER
BAPTISMAL RELEASE: WATER BAPTISM IS OFFERED DURING CAMP. WE, THE CHURCH OF GOD OF PROPHECY, TEACH BAPTISM AS AN OUTWARD EXPRESSION OF OUR COMMITMENT TO FOLLOW CHRIST & HIS EXAMPLE. THIS DOES NOT MAKE A PERSON A CHRISTIAN OR A MEMBER OF THE CHURCH. <input type="checkbox"/> YES , CAMPER HAS MY PERMISSION TO BE BAPTIZED. <input type="checkbox"/> NO , CAMPER DOES NOT HAVE MY PERMISSION TO BE BAPTIZED SIGNATURE: (PARENT MUST SIGN IF CAMPER IS A MINOR) DATE:			NAMES OF PERSONS (OTHER THAN PARENTS) TO WHOM CAMPER MAY BE RELEASED. (FOR SAFETY CAMPER MAY NOT BE RELEASED TO ANYONE EXCEPT THOSE LISTED)	
			NAME	DAYTIME PHONE

MEDICAL INFORMATION

EMERGENCY CONTACT: (OTHER THAN PARENTS)	PHONE #:
INSURANCE COMPANY:	NOTE: CAMP MEDICAL PERSONNEL WILL SCREEN CAMPER UPON ARRIVAL AT REGISTRATION. IN THE EVENT OF ILLNESS (CONTAGIOUS AND/OR VIRAL) OR EXISTING INJURY. CAMP PERSONNEL WILL BE NOTIFIED IMMEDIATELY.
POLICY#	
FAMILY PHYSICIAN	
PHONE NUMBER (____)	CAMPER IS UNDER THE CARE OF A PHYSICIAN FOR THE FOLLOWING:

CAMPER WILL BE SCREENED FOR LICE BEFORE BEING ADMITTED TO CAMP. IF LICE/NITS ARE DETECTED, NO TREATMENT WILL BE ADMINISTERED BY REPRESENTATIVES OF CAMP KAHOKA; THEREFORE, THE CAMPER WILL NOT BE ALLOWED TO REGISTER. LEGAL GUARDIAN HAS THE OPTION TO TREAT THE CAMPER OFF CAMPUS AND RETURN FOR A RE-CHECK WITHIN 24 HOURS.

I UNDERSTAND & AGREE THAT NO MEDICATION, PRESCRIPTION, OR OTC MAY BE KEPT IN CAMPER HOUSING. MEDICATIONS MUST BE IN <u>ORIGINAL CONTAINER</u> , LEGALLY PRESCRIBED TO CAMPER, TURNED IN TO, & ADMINISTERED BY CAMP MEDICAL STAFF. NO EXCEPTIONS <input type="checkbox"/> YES	LIST ANY DIETARY RESTRICTIONS: (NO SPECIAL MEALS ARE PROVIDED, BUT WE WILL INFORM STAFF OF RESTRICTIONS TO HELP SELECT ALLOWED FOODS FROM OUR REGULAR MENU.)
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PHYSICAL RESTRICTIONS OR ACTIVITIES NOT ALLOWED:	INDICATE MEDICAL CONCERNS THAT APPLY TO CAMPER:			
	<input type="checkbox"/> RHEUMATIC FEVER	<input type="checkbox"/> DIABETES	<input type="checkbox"/> ASTHMA	
SPECIAL NEEDS:	<input type="checkbox"/> CONVULSIONS	<input type="checkbox"/> SLEEP WALKING	<input type="checkbox"/> TUBERCULOSIS	
	<input type="checkbox"/> HEART PROBLEMS	<input type="checkbox"/> IVY, OAK, SUMAC POISONING	<input type="checkbox"/> FAINTING	
	<input type="checkbox"/> KIDNEY PROBLEMS	<input type="checkbox"/> BED WETTING	<input type="checkbox"/> ADD/ADHD	
	OTHER:			
	ALLERGIC REACTIONS TO:			
<input type="checkbox"/> BEE/WASP STINGS			<input type="checkbox"/> PENNICILLIN	<input type="checkbox"/> MILK
<input type="checkbox"/> FOOD, LIST:				
<input type="checkbox"/> OTHER				

MEDICAL CONSENT: IN THE CASE OF A MEDICAL EMERGENCY, I UNDERSTAND THAT REASONABLE EFFORT WILL BE MADE TO CONTACT EMERGENCY PERSON(S). IN THE EVENT THEY CANNOT BE REACHED, I GIVE PERMISSION TO CAMP KAHOKA ADMINISTRATION AND PHYSICIAN SELECTED TO SECURE ANY AND ALL PROPER MEDICAL TREATMENT FOR, TO ADMINISTER OTC OR PRESCRIPTION MEDICATIONS, TO HOSPITALIZE, ORDER INJECTION, ANESTHESIA, AND/OR SURGERY FOR REGISTRANT. I UNDERSTAND THAT MY INSURANCE HAS THE PRIMARY RESPONSIBILITY OF PAYMENT SHOULD I NEED TREATMENT. CAMP KAHOKA INSURANCE IS SECONDARY. I UNDERSTAND THAT IF ANY ACCIDENT OR SICKNESS SHOULD OCCUR WHICH IS NOT COVERED BY INSURANCE, IT IS MY RESPONSIBILITY AND THE CAMP WILL NOT BE LIABLE FOR ANY OF THE EXPENSES INCURRED IN SUCH CASES. *PARENT OR GUARDIAN MUST SIGN IF UNDER 18.*

SIGNATURE: _____ DATE: (M/D/Y) _____

COVID INFORMATION

CAMP KAHOKA HAS PUT IN PLACE PREVENTATIVE MEASURES TO REDUCE THE SPREAD OF COVID-19; HOWEVER, CAMP KAHOKA CANNOT GUARANTEE THAT YOU OR YOUR CHILD(REN) WILL NOT BECOME INFECTED WITH COVID-19. FURTHER, ATTENDING CAMP KAHOKA COULD INCREASE YOUR RISK OF CONTRACTING COVID-19. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THE CONTAGIOUS NATURE OF COVID-19 AND VOLUNTARILY ASSUME THE RISK THAT MY CHILD(REN)/I MAY BE EXPOSED TO OR INFECTED BY COVID-19 BY ATTENDING CAMP KAHOKA AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY, AND DEATH. I UNDERSTAND THAT THE RISK OF BECOMING EXPOSED TO OR INFECTED BY COVID-19 AT CAMP KAHOKA MAY RESULT FROM THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF MYSELF AND OTHERS, INCLUDING, BUT NOT LIMITED TO, CAMP KAHOKA EMPLOYEES, VOLUNTEERS, AND PROGRAM PARTICIPANTS AND THEIR FAMILIES.

I UNDERSTAND THAT MY CHILD(REN)/I MUST BE FREE FROM COVID-19 SYMPTOMS, AND SHOULD SYMPTOMS DEVELOP WHILE IN THE CARE OF CAMP KAHOKA, MY CHILD(REN)/I WILL BE SEPARATED FROM THE REST OF THE CAMP PARTICIPANTS/STAFF. I WILL BE CONTACTED, AND MY CHILD MUST BE PICKED UP WITHIN THREE HOURS OF MY BEING NOTIFIED. I FURTHER VOLUNTARILY AGREE THAT CAMP KAHOKA MAY MONITOR MYSELF OR MY CHILD(REN) FOR SYMPTOMS OF COVID-19 (INCLUDING, BUT NOT LIMITED TO, FEVER OF 100.4 DEGREES FAHRENHEIT OR HIGHER, SHORTNESS OF BREATH, CHILD, DRY COUGH, SORE THROAT, AND MUSCLE ACHES) I WILL IMMEDIATELY NOTIFY CAMP MANAGEMENT IF I BECOME AWARE OF ANY PERSON WITH WHOM MY CHILD OR I HAVE HAD CONTACT EXHIBITS ANY SYMPTOMS OF COVID-19, IS ADVISED TO SELF-ISOLATE, QUARANTINE, OR HAS TESTED POSITIVE FOR COVID-19.

I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING 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 MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY ATTENDANCE AT CAMP OR PARTICIPATION IN CAMP PROGRAMMING ("CLAIMS") ON MY BEHALF, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND FOREVER HOLD HARMLESS CAMP KAHOKA, THE CHURCH OF GOD OF PROPHECY, ITS BOARD, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS AND AFFILIATES AS WELL AS THE RELEASE PARTIES AND REPRESENTATIVES OF AND 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 A COVID-19 INFECTIONS OCCURS BEFORE, DURING OR AFTER PARTICIPATION IN ANY CAMP PROGRAM.

IN WITNESS WHEREOF EACH PARTY HERETO HAS EXECUTED THIS WAIVER BY ITS AUTHORIZED SIGNATORY AS OF THE DAY, MONTH, AND YEAR INDICATED BELOW, AND THE WAIVER BECOMES EFFECTIVE UPON THE DATE OF THE LAST SIGNATURE HERETO. *PARENT OR GUARDIAN MUST SIGN IF UNDER 18.*

SIGNATURE: _____ DATE: (M/D/Y) _____

STATEMENT OF UNDERSTANDING, CONSENT & RELEASE

I UNDERSTAND THAT CAMP KAHOKA IS A MINISTRY OF THE CHURCH OF GOD OF PROPHECY AND CONSEQUENTLY ALL ACTIONS, CONDUCT, AND POLICIES WILL BE CONSISTENT WITH THE CHURCH'S STATEMENT OF DOCTRINE AND BELIEFS. IN CASE OF AN EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME (PARENT OR GUARDIAN). IN THE EVENT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO CAMP KAHOKA ADMINISTRATION, DIRECTORS, STAFF AND PHYSICIANS SELECTED BY THE CAMP TO SECURE PROPER TREATMENT FOR, TO ADMINISTER "OVER-THE-COUNTER" (OTC) OR PRESCRIPTION MEDICATIONS, TO HOSPITALIZE, ORDER INJECTION, ANESTHESIA, AND /OR SURGERY FOR THE CAMPER. I UNDERSTAND THAT MY INSURANCE HAS THE PRIMARY RESPONSIBILITY OF PAYMENT SHOULD MY CHILD NEED TREATMENT. THE CAMP INSURANCE IS SECONDARY. I UNDERSTAND THAT ALL MEDICATIONS, INCLUDING OTC MUST BE ADMINISTERED BY THE CAMP MEDICAL PERSONNEL AND THAT MEDICATIONS WILL BE COLLECTED AT THE TIME OF REGISTRATION. I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I HAVE READ AND UNDERSTAND THE CAMP RULES AND REGULATIONS AND ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION REGISTRANT AGREES TO ABIDE BY THOSE RULES. I UNDERSTAND THAT FAILURE TO DO SO COULD RESULT IN DISMISSAL FROM CAMP. ANY CONDUCT INCOMPATIBLE, INCONSISTENT, OR CONFLICTING WITH THE MISSION OF CAMP KAHOKA AS A CHRISTIAN CAMP WILL CONSTITUTE REASON OR CAUSE FOR DISMISSAL FROM CAMP AND/OR THE DECISION TO REFUSE ACCEPTANCE TO FUTURE CAMPS. I ALSO AGREE THAT THE CHURCH OF GOD OF PROPHECY (LOCAL, REGIONAL, AND INTERNATIONAL OFFICES) AND ITS OFFICERS, SERVANTS, AND STAFF SHALL NOT BE HELD RESPONSIBLE FOR DAMAGES FOR ANY ACCIDENT OR SICKNESS INVOLVING MY CHILD/ME.

I HEREBY AGREE THAT MY CHILD/WARD/I MAY PARTICIPATE IN ALL CAMP ACTIVITIES INCLUDING TRAVEL OFF THE PROPERTY. I GIVE MY PERMISSION OF CAMP KAHOKA ADMINISTRATION TO USE IMAGES AND RECORDINGS OF MY CHILD/WARD (INCLUDING SOCIAL MEDIA OR WEBSITE USE) WITHOUT FURTHER COMPENSATION. I ALSO AGREE TO HOLD HARMLESS CAMP KAHOKA, ITS STAFF AND VOLUNTEERS FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, AND CAUSES OF ACTION WHATSOEVER, WHICH MAY ARISE DUE TO THE PARTICIPATION OF MYSELF, OR MY CHILD/WARD IN SAID ACTIVITIES. I ACKNOWLEDGE THAT TYPING MY NAME BELOW AND COMPLETING THIS REGISTRATION FORM, I AM ELECTRONICALLY SIGNING THE DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THE DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND. *PARENT OR GUARDIAN MUST SIGN IF UNDER 18*

SIGNATURE: _____ DATE: (M/D/Y) _____



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IMPORTANT INFORMATION FOR PARENTS & CAMPERS
INDICATE THAT YOU HAVE READ & ACKNOWLEDGE THE FOLLOWING:

STATEMENT OF EQUITY: ALL APPLICATIONS ACCEPTED ON A FIRST-COME, FIRST-SERVED BASIS WITH NO REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, PHYSICAL, OR MENTAL HANDICAP.	<input type="checkbox"/> I HAVE READ & ACKNOWLEDGE
REGULATIONS: PROHIBITED ITEMS: ELECTRONICS, FIREWORKS, ALCOHOL, DRUGS, TOBACCO, VAPES, JUULS ETC., GUNS, KNIVES, WEAPONS OF ANY KIND. CAMP STAFF RESERVES THE RIGHT TO PERFORM AN INSPECTION OF ALL BELONGINGS. NO USE OF DRUGS, ALCOHOL, OR PROFANITY ALLOWED.	<input type="checkbox"/> I HAVE READ & ACKNOWLEDGE
ITEMS TO BRING: TOILETIRES, TOWELS, AND WASHCLOTHS, CASUAL CLOTHES, CLOSED-TOE SHOES, TWIN-SIZED BEDDING (SHEET, BLANKET, PILLOW, SLEEPING BAG), WATER CLOTHES, BIBLE, PEN & PAPER	<input type="checkbox"/> I HAVE READ & ACKNOWLEDGE
DO NOT BRING: VALUABLES; JEWELRY, LARGE AMOUNTS OF CASH, COMPUTER, VIDEO GAMES, ANY ELECTRONICS ETC	<input type="checkbox"/> I HAVE READ & ACKNOWLEDGE
BEHAVIOR: IN THE EVENT THAT ADMINISTRATION CONSIDERS A CAMPER'S BEHAVIOR TO BE UNACCEPTABLE, EXTRA DUTIES MAY BE USED AS CORRECTIVE DISCIPLINARY ACTION. IN EXTREME CASES, THE CAMPER MAY BE DISMISSED AND SENT HOME WITHOUT REFUNDING TUITION.	<input type="checkbox"/> I HAVE READ & ACKNOWLEDGE
DRESS CODE: THE INTENT OF A DRESS CODE IS TO PROVIDE AN EQUITABLE DRESS CODE FOR ALL CAMPERS THAT ENCOURAGES MODESTY. <ul style="list-style-type: none"> • APPAREL MAY NOT EXPOSE THE MIDRIF, BE TIGHT FITTING, OR HAVE WRITING ON THE BACK OF PANTS OR SHORTS. • APPAREL THAT SYMBOLIZES TOBACCO, ALCOHOL, DRUGS, VIOLENCE, SEX, OR INAPPROPRIATE LANGUAGE IS NOT ALLOWED • DRESSES & SHORTS SHOULD BE MODEST IN LENGTH (MUST BE FINGERTIP LENGTH; SHOWING PAST THE ENDS OF THE FINGERS.) • COVER SHORTS UNDER DRESSES SHOULD BE CONSIDERED FOR YOUNGER CAMPERS. • LEGGINGS SHOULD BE WORN WITH A SHIRT THAT FALLS BELOW THE HIPS. • STRAPLESS, SPAGHETTI STRAPS, TANK TOPS, OR T-SHIRTS CUT OPEN ON THE SIDES ARE NOT ALLOWED. • SHOES MUST BE WORN AT ALL TIMES WHEN OUTSIDE THE CABIN. • SWIMSUITS MAY BE WORN UNDER CLOTHES WHEN PARTICIPATING IN WATER DAY. • CAMPING MINISTRY ADMINISTRATION RESERVES THE RIGHT TO CORRECT CLOTHING CONCERNS. 	<input type="checkbox"/> I HAVE READ & ACKNOWLEDGE
CELL PHONE POLICY: PHONES MUST BE SUBMITTED AT CHECK-IN & WILL BE RETURNED AT CHECK-OUT. <ul style="list-style-type: none"> • CAMPERS MAY CALL PARENTS/GUARDIANS (ONLY) WITH DIRECTOR/DEAN'S PHONE. • PARENTS MAY CALL DIRECTORS/DEANS TO CHECK ON CAMPERS. 	<input type="checkbox"/> I HAVE READ & ACKNOWLEDGE
VISITORS: NO VISITORS ARE ALLOWED DURING CAMP FOR THE SAFETY OF ALL PARTICIPANTS.	<input type="checkbox"/> I HAVE READ & ACKNOWLEDGE
OTHER: SAME SEX FLIRTING, DATING, OR INTIMACY IS PROHIBITED. CAMPERS ARE REQUIRED TO USE THE BATHROOM AND BE HOUSED ACCORDING TO THEIR BIOLOGICAL GENDER.	<input type="checkbox"/> I HAVE READ & ACKNOWLEDGE
I UNDERSTAND THAT A \$20 NON-REUNDABLE DEPOSIT IS REQUIRED TO SECURE SPACE. DEPOSIT IS TRANSFERRABLE TO ANOTHER CAMPER IN THE EVENT THAT MY CAMPER CANNOT ATTEND CAMP.	<input type="checkbox"/> I HAVE READ & ACKNOWLEDGE
CAMP REGISTRATION BEGINS @ 2:00 P.M. OPENING DAY. DO NOT ARRIVE PRIOR TO 2:00 P.M.	<input type="checkbox"/> I HAVE READ & ACKNOWLEDGE
PICK-UP 9:30 A.M. CLOSING DAY	<input type="checkbox"/> I HAVE READ & ACKNOWLEDGE
ALL CAMPERS MUST BE PICKED UP NO LATER THAN 10:00 A.M. ON CLOSING DAY	<input type="checkbox"/> I HAVE READ & ACKNOWLEDGE
EVERYONE MUST REGISTER PRIOR TO ENTERING CABINS! DO NOT ENTER CABINS UNTIL ASSIGNED A BED.	<input type="checkbox"/> I HAVE READ & ACKNOWLEDGE
SIGNATURE:	DATE:(M/D/Y)