

2022 State Youth Camp Application

July 11-15, 2022

• **PERSONAL INFORMATION**

Name _____ Date of Birth ____ / ____ / ____ Age ____ Sex ____
 Race ____ Height ____ Weight ____ Hair Color ____ Address _____
 City _____ State ____ Zip _____ Home Phone (____) ____ - _____ Parent Work Phone
 (____) ____ - _____ Parent Cell Phone (____) ____ - _____ Email Address _____

• **SPIRITUAL INFORMATION**

Saved _____ Holy Spirit Baptized _____ Water Baptized _____ Church Member _____
 Local Church _____ Pastor's Signature _____

• **MEDICAL INFORMATION**

List any Allergies or Medical Problems _____ Immunizations (give date of last one):
 D/T/P ____ M/M/R ____ Hepatitis B ____
 Polio ____ Chicken Pox ____ Other ____
 Parent's Insurance Company _____ Any reaction to medication? Yes _____
 Policy# _____ If yes, list: _____
 Doctor's Name _____ Present medications: _____
 Phone (____) _____ - _____

Please attach a copy of your child's insurance card if applicable.

#\$50 Deposit Due By June 26, 2022 Remaining Balance Due By July 8, 2022
 Posted Marked after 6/26/22 please include a late fee of \$10.00
****PERSONAL CHECKS WILL NOT BE ACCEPTED AT CAMPGROUND****
****CASH ONLY PLEASE****

Senior (Age 13-18) **\$95** **Junior** (Age 5-12) **\$95**

WHOM DO YOU WISH TO ROOM WITH?

#1 _____
 #2 _____

• **PARENT/GUARDIAN CONSENT SIGNATURE**

I hereby give my child permission to attend and participate in Florida-Cocoa Church of God State Youth Camp. I hereby, waive, release, and discharge any and all claims, demands, and causes of action against Camp Officials, the Church of God in Florida-Cocoa and the Church of God International Offices, Cleveland, TN, their agents, employees, and participants arising from any damages, property loss, or injury my child may sustain at the Florida Cocoa Church of God State Youth Camp.

I understand that the Camp Insurance Policy provides secondary coverage for my child, that my coverage is primary, and I hereby accept all responsibilities for medical costs.

I further consent to allow Camp Officials to seek and obtain medical treatment for sickness or emergency as deemed necessary for my child.

 Parent/Guardian Signature Required Date

 Applicant Signature Required Date

Rush to:
 FL-Cocoa Church of God
 Youth & Discipleship Dept.
 PO Box 236335
 Cocoa, FL 32923
 Attn: State Youth Camp

OFFICE USE ONLY		Amt Due	\$
Date Rec'd	/ / 22		\$
Dorm	_____	Amt Rec'd	\$
Other	_____	Balance	\$