



Texas Church of God of Prophecy

Camp Lost Pines

CAMPER APPLICATION

TUITION

Tuition Cost: \$135

Early Bird Tuition: \$110
(Early Bird postmarked or received by May 20th)

SENT WITH THIS APPLICATION:

Which Camp do you plan to attend?

- Youth Camp: Ages 13-17 June 7-10
- Big Shots: Ages 6-9 June 14-17
- 412 Kids: Ages 10-12 June 21-24
- C&C Weekend: Ages 18-30 Jun. 29 – Jul. 2

Mail to:

CAMP COORDINATOR

Andrea Taylor

(903)407-1871

camp@txcogop.com

You can also register and pay camper tuition online at www.txcogop.com/camp. If you register online, you are not required to mail this application. This form is available for download at www.txcogop.com/camp. Mailed applications must be received by June 1st to ensure that proper amounts of food and supplies are provided for.

Make Church Checks or Money Orders Payable to Camp Lost Pines

TUITION DETAILS: Applications must be submitted with at least \$25 deposit (full tuition may also be submitted with this application). Any balance must be paid no later than the day of registration at the campsite.

CAMPER PERSONAL INFORMATION:

Language (mark all that apply): English Spanish French

Camper Name: _____ Gender: M / F Age: _____
 Address: _____ Date of Birth: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____
 E-Mail: _____ Local Church: _____
 First time at Camp Lost Pines? Yes No. If you marked yes, who invited you? _____

Names of Campers you would like to room with:

PARENT/EMERGENCY CONTACT:

Parent/Guardian's Name: _____
 Home Phone: () - _____ - _____ Cell Phone: () - _____ - _____
 E-Mail: _____

CAMPER RELEASE INFORMATION:

Other individuals authorized to pick up camper:

STATEMENT OF CERTIFICATION AND UNDERSTANDING:

I CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IN SIGNING THIS APPLICATION I AM AGREEING TO ABIDE BY ALL THE POLICIES AND DISCIPLINE OF THE CAMP, ITS ADMINISTRATION, STAFF AND PERSONNEL. ANY CONDUCT INCOMPATIBLE, INCONSISTENT OR CONFLICTING WITH THE MISSION OF CAMP LOST PINES 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 UNDERSTAND THAT CAMP LOST PINES NOR THE CHURCH OF GOD OF PROPHECY IS RESPONSIBLE FOR ANY VALUABLES AND/OR PERSONAL PROPERTY THAT MAY BE LOST, STOLEN OR DAMAGED. I ACCEPT THE RESPONSIBILITY FOR AND AGREE TO FINANCIALLY REIMBURSE CAMP LOST PINES FOR ANY DAMAGE MY CHILD MAY CAUSE TO THE CAMP PROPERTY. I UNDERSTAND CAMP LOST PINES RESERVES THE RIGHT FOR SEARCH AND SEIZURE. CAMP LOST PINES RESERVES THE RIGHT TO UTILIZE ANY OR ALL PHOTOGRAPHS AND/OR VIDEO FOOTAGE TAKEN OF CAMPERS OR STAFF MEMBERS FOR PROMOTIONAL USE OR ADVERTISEMENT.

Parent/Guardian Signature (or camper signature if older than 18)

Date

OFFICE USE ONLY

Payment Received

- Church Check# _____ Amount: _____
 - Money Order# _____ Amount: _____
 - Cash _____ Amount: _____
 - Credit Card _____ Amount: _____
- Balance Due at Registration: _____

OFFICE USE ONLY

Does Camper qualify for "FISHER OF MEN SCHOLARSHIP"?

- Yes No

Camper must have invited 4 new campers in attendance during current camp season.



CAMP RULES

Camp rules are designed to preserve an atmosphere of Christian growth, maintain a high standard of conduct and to insure the safety of the campers. Camp is a happy, positive place.

- *Campers will not be allowed to leave the campground without permission from the deans and/or directors. Campers are required to attend all camp activities and to be on time.*
- *After lights out, campers should not leave the dorm/cabin without permission from a cabin leader to ensure their personal safety.*
- *All medications, prescription or over-the-counter drugs must be given to the Camp Nurse when you arrive. Campers are not allowed to keep any medications with them or in their personal belongings. The Camp Nurse must dispense all medications. Report any illness or injury to the Camp Nurse immediately.*
- *Use of profanity, possession/use of fireworks, matches, lighters, tobacco products, illegal drugs, or weapons of any kind are strictly prohibited and will be considered grounds for immediate expulsion from campground.*
- *Dress Code: Please bring appropriate clothing. Clothing must not be too tight, too loose, too short, or too low as to be revealing and/or a distraction. Clothing must not exhibit vulgar, profane or obscene statements. Camping Ministry Administration reserves the right to correct clothing concerns.*
- *Don't bring weapons, Radios, Cell Phones, iPods/iPads, Computers, Valuables, Pets or Snacks/Drinks. Camp Lost Pines is not responsible for lost, stolen or damaged items.*
- *Respect camp property. Damage to camp property will result not only in possible expulsion from camp, but also liability to the parents/guardians.*
- *Visitors must register with the Camp Secretary and/or Camp Director and must agree to abide by the camp rules.. Texas Department of Health Services (DSHS) requires overnight visitors to have a background check and a current Child Protective Training Certificate on file at the campground.*
- *No inappropriate behavior, fighting or bullying will be tolerated. This also includes PDA.*
- *No guys in the girls' dorm/cabin and No girls in the guys' dorm/cabin! Campers are not allowed to sit in their vehicles after being registered as a camper.*

Parent/Guardian's Signature *Date*

Camper's Signature *Date*



MEDICAL INFORMATION

Camper's Name: _____

HEALTH STATEMENT: The following information is of vital importance **in case of an Emergency**, and therefore **Must** be completed. **No individual will be permitted to attend camp unless the Health Statement is COMPLETE!** Please take the time to answer thoroughly and completely.

Please check any of the following conditions that are applicable:

<input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Trouble <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Epilepsy <input type="checkbox"/> Serious Allergy Reactions (Poison Ivy/Oak etc.) <input type="checkbox"/> Other: (List) _____	<input type="checkbox"/> Convulsions <input type="checkbox"/> Fainting <input type="checkbox"/> Asthma <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Kidney Trouble <input type="checkbox"/> HIV/Aides	<p align="center">Allergy Information (reactions to):</p> <input type="checkbox"/> Bee/Wasp Stings <input type="checkbox"/> Food: (List) _____ <input type="checkbox"/> Penicillin _____ <input type="checkbox"/> Ivy/Oak/Sumac <input type="checkbox"/> Other: (List) _____ <input type="checkbox"/> Medications: (List) _____
Recent Surgeries: _____ Physical Limitations: _____ Dietary Restrictions/Special Needs: _____ _____		

<p>Prescription Medications Note: Prescription medications must be in the original bottles from the pharmacy with the camper's name and current directions and dosage on the labels. All medications (prescription and OTC) must be given to the camp nurse at the time of registration. The camp nurse must administer all medications. List the medications the camper will be taking during camp:</p> <table border="1"> <thead> <tr> <th style="width: 30%;">Medication</th> <th style="width: 30%;">Dose</th> <th style="width: 40%;">Time Taken</th> </tr> </thead> <tbody> <tr> <td>1) _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2) _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3) _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Medication	Dose	Time Taken	1) _____	_____	_____	2) _____	_____	_____	3) _____	_____	_____	<p>I give permission for my child</p> <p style="text-align: right;">to be baptized <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">to swim <input type="checkbox"/></p> <p style="text-align: left;">Yes <input type="checkbox"/> No</p> <hr/> <p>Is camper up to date on all required immunizations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of most recent tetanus shot: _____ (must be included)</p>
Medication	Dose	Time Taken											
1) _____	_____	_____											
2) _____	_____	_____											
3) _____	_____	_____											

I give permission for my child to receive over the counter medications such as Tylenol, Advil, Tums, Pepto Bismol, etc. by the camp Nurse.
 I do NOT give permission for my child to receive over the counter medications such as Tylenol, Advil, Tums, Pepto Bismol, etc. by the camp Nurse.

EMERGENCY INFORMATION:

Name: _____ D.O.B.: _____ Age: _____ Male Female
 Covered by Insurance: Yes No Medical Insurance Company: _____ Phone: _____
 Policy/Medicaid Number: _____

Please List Two Emergency Contacts:

1. Name _____ Relationship _____ Phone Number _____
 2. Name _____ Relationship _____ Phone Number _____

Please attach a copy of your insurance card to this application.

MEDICAL TREATMENT RELEASE: The medical release must be signed by the person legally responsible for the camper or application will be rejected and the camper denied admittance. In the event your child needs emergency medical care, the director or nurse will make every effort to reach the emergency contact person listed on this application and/or the parent/legal guardian. In the event I cannot be reached, I hereby give my permission to the camp director, camp nurse and physician selected by the camp to secure proper treatment for the camper. All personal camper medical expenses will be first billed to the camper's medical insurance/provider. I understand that if any sickness/injury should occur prior to camp concerning my child, these are cases for which the camp insurance is not responsible. In an effort to provide a safe environment for all campers, each participant will undergo screening for head lice by designated staff during registration. Any camper, determined by and/or in the opinion of the camp nurse, to have an "at risk" medical condition (i.e. contagious disease, head lice, etc.) which would negatively affect the health of other campers and staff will be immediately dismissed upon discovery. It is understood by the camp administration that medical information provided is private according to the Health Insurance Portability and Accountability Act (HIPAA). I hereby grant permission to camp administration to share pertinent health information with those only who must ensure the health and safety of the applicant.

_____ Date _____
 Parent/Guardian Signature or Camper Signature (if over 18)



CAMP GENERAL INFORMATION

DEADLINES & PAYMENTS

Camp tuitions are listed on the front page of the application as well as on each camp page on this website. The early bird rates are good through May 20th, both Mail-In applications and Online Registrations. Walk-Ins will pay regular rates.

Discounts and Financial Assistance are available. Visit Discount/ Financial Assistance Page on this website for more information.

NO PERSONAL CHECKS ACCEPTED: Acceptable forms of payment are; Cash, Money Order, Church Check or Credit Card. (Do not send cash through the mail)

WHEN DO I ARRIVE?

Registration time begins at 3:00 p.m. on the first day of camp. Please do not arrive prior to this time, as there will not be staff available to monitor the campers. Departure time will be at 11:00 a.m. on the last day of camp. Please be on time when picking up campers. Campers who drive must adhere to the same departure times.

WHO CAN COME TO CAMP?

Camper applications are accepted without regard to sex, race, color, national origin or disability, however, Camp Lost Pines reserves the right to deny admission to any camper for whom we feel that we cannot give safe and effective care or to whom we feel unqualified to administer care.

- Complete the application, all pages and return it with deposit/fee or by online registration by the deadline.
- Provide all necessary health and insurance information.
- Get parent/guardian to sign application (if under age 18).
- Campers must be appropriate age for the respective camp they are attending by the first day camp begins.

WHAT ABOUT MEDICAL SCREENINGS? MEDICATIONS? HEAD CHECKS?

All campers will receive a brief medical screening upon their arrival. (This includes temperature checks.)

- Medications will be given to the camp nurse. The camp nurse must administer all medications. Prescriptions should be clearly labeled in the original bottle with correct dosage. Send only the amount needed while at camp.
- Please make sure that any special need is clearly marked on your application for the camp nurse. Special needs should be discussed with the nurse and your cabin leader.
- Anyone can contact head lice and unknowingly bring it with them to camp. Please have yourself checked thoroughly before camp. We cannot allow anyone with head lice to remain at camp. Lice checks will be done in a secluded area at time of registration.

CAN I CHOOSE MY CABIN MATES

There is a space on the application for you to list your cabin mate preference. We will do our best to accommodate your request. The earlier you send in your application or register online the easier it is for us to match up cabin mates.

WHAT ABOUT VISITORS & PHONE CALLS

Non-staff and/or unregistered visitors are not allowed during the camping session. Camp is only a few days so please, do not call campers unless an emergency arises. Please do not ask campers to call home. If you must contact the camper you may call the camp phone and a message will be given to the camper who can return the call during a non-scheduled event with the exception of an emergency. Camp policy prohibits the use of cell phones for personal use. Cell phones will be collected during registration and placed in a locked area until the camper is released from camp. Camp Lost Pines will not be responsible for lost or stolen items.