



# Texas Church of God of Prophecy

## Camp Lost Pines

### Camper APPLICATION

Tuition Cost:  
\$75

☐  
☐

TRIBE Winter Camp

Ages 12-17

February  
17-19

☐  
☐  
☐  
☐

**Mail to:** Directors:  
Yony&Racquel Felipe  
214 N.Beauregard St.  
Alvin, TX 77511

You can also register and pay camper tuition online at [www.txcogop.com/camp](http://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](http://www.txcogop.com/camp). Mailed applications must be received by June 1<sup>st</sup> 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**

**OFFICE USE ONLY**

**Payment Received**

☐ Church Check# \_\_\_\_\_ Amount: \_\_\_\_\_  
☐ Money Order# \_\_\_\_\_ Amount: \_\_\_\_\_  
☐ Cash \_\_\_\_\_ Amount: \_\_\_\_\_  
☐ Credit Card \_\_\_\_\_ Amount: \_\_\_\_\_  
 Balance Due at Registration: \_\_\_\_\_

**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.*

\_\_\_\_\_  
Date  
Parent/Guardian's Signature

\_\_\_\_\_  
Date  
Camper's Signature



## 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"/> Convulsions <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Fainting <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Sleepwalking <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Kidney Trouble <input type="checkbox"/> Epilepsy <input type="checkbox"/> HIV/Aides <input type="checkbox"/> Serious Allergy Reactions (Poison Ivy/Oak etc.) <input type="checkbox"/> Other: (List) _____	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>Allergy Information (reactions to):</b>  <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) _____       </div> <div style="border: 1px solid black; padding: 5px;">         Recent Surgeries: _____          Physical Limitations: _____          Dietary Restrictions/Special Needs: _____       </div>												
<p><b>Prescription Medications Note:</b> 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. <i>List the medications the camper will be taking during camp:</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">Medication</th> <th style="width: 30%; text-align: center;">Dose</th> <th style="width: 40%; text-align: center;">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) _____			<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>I give permission for my child</b>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>to be baptized</span> <span><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>to swim</span> <span>Yes <input type="checkbox"/> No</span> </div> </div> <div style="border: 1px solid black; padding: 5px;"> <b>Is camper up to date on all required immunizations?</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No          Date of most recent tetanus shot: _____          (must be included)       </div>
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 LOCATION**

Camp Lost Pines  
6047 Hwy 77  
Warda, TX 78960

## **Camp Lost Pines- Waiver and Release of Claims, Assumption of Risk and Consent to Medical Treatment**

Texas Church of God of Prophecy  
CAMPING MINISTRY

**Please read this document (the "waiver") carefully, as it affects your future legal rights. Please provide your initials on each page after reading. By signing below, you (on behalf of yourself or your minor child/ward and any personal representatives, assigns, heirs, and next of kin) agree and represent that you have carefully read and fully understand the Waiver and agreed to its terms.**

**Each individual attending the premises and/or participating in the activities of the campground must complete and sign the waiver. A parent/ guardian of a minor Attendee must complete and sign the waiver on behalf of the minor Attendee.**

**This waiver must be carefully read and signed in consideration of the opportunity of being a willing attendee permitted to enter the premises. As used herein, the terms "Releasees" is defined to include the following: the campground, its subsidiaries, affiliated organizations, owners, members, managers, directors, officers, past and present employees, agents, representatives, successors, volunteers, and assigns.**

**Between:**

The Church of God of Prophecy(owner), Camp Lost Pines (entity), Daniel Felipe (Presiding Bishop), Andrea Taylor (Camp Coordinator)  
Full legal names of the owners/ operators/ caretakers/ representatives of the campground (hereinafter the "Campground")

Campsite Name: Camp Lost Pines Camp Address: 6047 Hwy 77 City/ Town: Warda State: TX Zipcode: 78960

**(hereinafter the "Premises")**

Telephone number: \_\_\_\_\_ Email Address: camp@txcogop.com

-AND-

Camper Name: \_\_\_\_\_ Date of Birth: : \_\_\_\_\_

**(Campground visitor: hereinafter the "Attendee")**

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone NumberPhone: \_\_\_\_\_ Cell Telephone Number: \_\_\_\_\_

**PARENT/GUARDIAN/EMERGENCY CONTACT:**

Emergency Contact's Name: \_\_\_\_\_

Emergency Contact's Phone: ( ) - \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ Address of Driver's License the same as Permanent home address ?

Yes \_\_\_\_\_ No \_\_\_\_\_ If NO, please provide: \_\_\_\_\_

\_\_\_\_\_  
Parent's/ Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper's Signature

\_\_\_\_\_  
Date



1. *I expressly acknowledge and agree that my attendance and participation in the activities in the Campground may involve risk of serious injury and/or death and/or property damage.*
2. *I am fully aware of the risks and hazards inherent in my attendance at the Premises and participation in the activities of the Campground, and I voluntarily, knowingly, and freely assume all risks associated with participating in the activities of the Campground and entering the Premises, including, but not limited to the Campground owners, officers, coordinators, directors, managers, staff, volunteers, or visitors), falls, injuries, illnesses, infections, contact with others (including but not limited to the Campground owners, officers, coordinators, directors, managers, staff, volunteers, or visitors), navigating any and all obstacles and any defects of the premises.*
3. *I represent and warrant to the Releasees that I am in good physical condition, am able to safely participate in the activities of the Campground and have no medical condition that would make my participation in the activities of the Campground more hazardous.*
4. *I consent to medical care and transportation in order to obtain treatment in the event of injury to me as the Campground owners, officers, directors, managers, staff, volunteers or other medical professionals may deem appropriate and understand that this Waiver extends to any liability arising out of or in any way connected with such medical treatment or transportation.*
5. *I understand and agree that I am expected to exhibit appropriate behavior at all times while I am attending the Premises and while I'm participating in the activities of the Campground to obey all local, state, and federal laws, both criminal and civil. This includes, generally, respect for other people, equipment, facilities or property. I hereby and forever release, waive, discharge and covenant not to sue the Releasees for any injury or damage to me, my personal representatives, assigns, heirs and next of kin, for any claims, causes of action, obligations, lawsuits, charges, complaints, controversies, damages, costs or expenses of whatsoever kind, nature, or description, whether direct or indirect, present or future, in law or in equity, in contract or in tort, or otherwise, whether known or unknown, arising out of or connected with my (or my minor/ward's) participation in the activities of the Campground or while attending the Premises, howsoever caused, including, but not limited to being caused by the negligence of the Releasees.*
6. *I understand and agree that I may not bring weapons or illegal substances to the Premises.*
7. *I understand and agree that the Releasees are not responsible for any personal item or property that is lost, damaged or stolen while I am participating in the activities of the Campground or on the Premises. Additionally, I agree to indemnify the Releasees from any and all third party claims, howsoever arising, for any loss, liability, damage or cost they might incur, including, but not limited to, claims arising in whole or in part by my negligent or intentional acts or omissions while participating in the activities of the Campground or attending the Premises..*
8. *I recognize and acknowledge that there are hazards and risks of physical injury or illness to myself in attending the Premises and participating in the activities of the Campground and that not all such hazards or risks can be fully eliminated. I freely and voluntarily agree to assume the full risk of death, bodily injury or property damage, regardless of severity, that I (or my child/ward) may sustain as a result of my participation in the activities of the Campground or attendance at the Premises, howsoever arising, including, but not limited to, the active or passive negligence of the Releasees.*

Parent/Guardian/Emergency Contact's Initials \_\_\_\_\_