



YOUTH CAMP 2021 / June 10-13
Ages 12-17

CAMPER APPLICATION

Texas Church of God of Prophecy
CAMPING MINISTRY

TUITION

Tuition Cost: \$135
 Early Bird Tuition: \$110
 (Early Bird postmarked or received by May 20th)

MAIL APPLICATIONS TO
 Youth Camp Registration
 P. O. Box 1188
 Missouri City, TX 77459
or email to camp@txcogop.com

CAMP LOCATION

Camp Lost Pines
 6047 Hwy 77
 Warda, TX 78960

SENT WITH THIS APPLICATION:

- \$25 Deposit
 \$135 Full Tuition

CAMP DIRECTORS

TC & April Villalobos
 (281) 831-6049
 apvillalobos13@gmail.com

CAMP COORDINATOR

Andrea Taylor
 (903)407-1871
 camp@txcogop.com

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. **Make Church Checks or Money Orders Payable to Camp Lost Pines** 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.

CAMPER PERSONAL INFORMATION: Language (mark all that apply): English Spanish French

Name (First, M. Last):				
Address:				
City:	State:	Zip:	Gender: M/F	DOB: / /
Cell: ()		Alternate: ()		
First time at Camp Lost Pines?	If Yes, Who invited you?	Email:		
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				
Saved:	Sanctified:	Holy Ghost:	Baptized:	Names of Campers you would like to room with:
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	1.
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	2.

Parent/ Emergency Contact:

Parent's/ Guardian's Name:	Email:
Phone:	Alternate Phone:
Camper Release: (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.

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

OFFICE USE ONLY

OFFICE USE ONLY

Payment Received	
<input type="checkbox"/> Church Check# _____	Amount: _____
<input type="checkbox"/> Money Order# _____	Amount: _____
<input type="checkbox"/> Cash _____	Amount: _____
<input type="checkbox"/> Credit Card _____	Amount: _____
Balance Due at Registration: _____	

Does Camper qualify for "FISHER OF MEN SCHOLARSHIP"?
<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Camper must have invited 4 new campers in attendance during current camp season.</i>



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	Allergy Information (reactions to): <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) _____
<input type="checkbox"/> Other: (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. <i>List the medications the camper will be taking during camp:</i></p> <table border="1"> <thead> <tr> <th>Medication</th> <th>Dose</th> <th>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>I give permission for my child</i></p> <p>to be baptized <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>to swim <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Is camper up to date on all required immunizations? <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:
(Please attach a copy of your insurance card to this application.)

Name (First, M. Last): _____	DOB: / /	AGE <input type="checkbox"/> M <input type="checkbox"/> F
Covered by Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Insurance Co: _____	Phone: _____
Policy/ Medicaid Number: _____		
Please List Two Emergency Contacts:		
1. Name: _____	Relationship: _____	Phone: _____
2 Name: _____	Relationship: _____	Phone: _____

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 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



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 31st both Mail-In applications and Online Registrations. Walk-In 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. 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. 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 the application (if under age 18).
- Campers must be the appropriate age for the respective camp they are attending by the first day camp begins.

WHAT ABOUT MEDICATION?

All campers will receive a brief medical screening upon their arrival. 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 contract head lice and unknowingly bring it with them to camp. Please have yourself checked thoroughly before camp. We cannot allow anyone with head lice/nits to remain at camp. Lice check 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.

Covid-19 Waiver

Camp Lost Pines has formed a response to Covid that will be followed in accordance with State of Texas DSHS protocol. Additionally, a waiver must be signed by all legal guardians and/or campers 18 years and older in order to visit or stay at Camp Lost Pines. No camper under age 18 will be allowed to stay on premises without a signed waiver by a legal parent or guardian.

Checklists: [Residential Camps Checklist \(PDF\)](#); [DSHS Guidance for Youth Camps Regarding Face Coverings \(PDF\)](#)



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), Randy Tolman (Camp Caretaker) 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	Zip Code: 78960
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(Hereinafter the "Premises")

Telephone number: (832) 830-5337	Email Address: camp@txcogop.com
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-AND-

Camper Name:	Date of Birth:
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(Campground visitor: hereinafter the "Attendee")

Permanent Home Address:

City:	State	Zip Code:
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Telephone Number:	Alternate Number:
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PARENT/GUARDIAN/EMERGENCY CONTACT:

Emergency Contact's Legal Name:	Driver's License # <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											D.L. Address same as permanent? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO:</td> </tr> </table>	YES	NO:
YES	NO:													

If NO, Please provide:

Emergency Contact's Signature	Date	Camper's Signature (over 18)	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 _____



**THE 2019 NOVEL CORONAVIRUS (COVID-19)
ACKNOWLEDGEMENT AND ASSUMPTION OF RISK**

9. I am currently not experiencing COVID 19 symptoms nor have I had COVID-19 symptoms in the last 14 days.

Initials _____

10. I have not travelled outside of the United States or in an area under a travel health advisory in the last 14 days. Initials _____

11. I have not provided care or had close contact with any person with COVID-19, or with any person reasonably suspected of having COVID-19, or with any person who travelled outside of the United States of America in the last 14 days, or with any person who travelled in an area under a travel health advisory in the last 14 days. Initials _____

12. I represent and warrant to the Releasees that I have not been advised by the Government of the United States of America, the CDC, any certified health personnel, the Texas Department of Health website, or any state or federal United States government entities/officials to self-isolate due to possible exposure to COVID-19. Initials _____

13. I am fully aware of the risks and hazards with respect to COVID-19 inherent in my attendance at the Premises and participation in the activities of the Campground. Initials _____

14. I freely and voluntarily agree to assume the risk with respect to COVID-19, including the 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. Initials _____

Parent's/Legal Guardian's Signature	Date	Camper's Signature (over 18)	Date