

**CHILDREN'S SUMMER CAMP 2010 | June 7th - June 11th | Completed Grades 1st - 5th as of 2010**

Fill out **both** sides completely and return/mail to  
 Children's Dept. Mount Paran Church of God, 2055 Mount Paran Road, NW Atlanta, GA 30327

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Completed Grade (As of Spring 2010): \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Roommate Request:** Cabins are grouped (1st-2nd Grade) (3rd-5th Grade)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**CALCULATE YOUR TOTAL REGISTRATION DUES: Only one child per form please.**  
**A \$50 non-refundable deposit of your Total due must be paid upon submitting your application.**

\$175 | Early Bird Registration | Before April 12th, last day April 11th

\$210 | Registration | April 12th - May 23rd

\$255 | Late Registration | On or After May 24th

\$ \_\_\_\_\_ **Your Registration Cost** (Price based on dates above)

**Please mark Child Shirt Size:**  Small  Medium  Large or Adult sizes  Small  Medium  Large

\*Please note that shirt size availability is on a first come first serve basis.

\$ \_\_\_\_\_ **\$5.00 - (Optional)** Camp Draw String Back Pack for camp activities.

\$ \_\_\_\_\_ **Snack Shack Credit.** \$20 - \$30 is recommended. No cash is taken at snack shack. Snack shack money will also be collected at final registration.

\$ \_\_\_\_\_ **TOTAL CAMP DUES**

\$ \_\_\_\_\_ **AMOUNT PAID**

\$ \_\_\_\_\_ **YOUR BALANCE DUE by May 23rd (If paid in full mark \$0.00)**

**Payment Options: Please select one**

**CASH:** Cash Amount \$ \_\_\_\_\_

**Check:** (Payable to Mount Paran Church of God) Check Amount: \$ \_\_\_\_\_ ck# \_\_\_\_\_

**Credit Card Payment:** Total Charge \$ \_\_\_\_\_ Card Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME AS IT APPEARS ON CARD (PLEASE PRINT)

SIGNATURE OF CARD HOLDER



**LIABILITY RELEASE FORM - RELEASE OF ALL CLAIMS  
 -PRESCRIPTION DRUG SUPPLEMENT-**

**CHILD'S NAME:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **WEIGHT, (IN LBS.),** \_\_\_\_\_

**BLOOD TYPE:** \_\_\_\_\_

**MEDICATIONS: INFORMATION/ PROCEDURE/ FREQUENCY**

Please instruct your child to come to the Camp Clinic to receive his or her medication. All medications will remain in the clinic at all times and be personally administered by the camp nurse. All medications must be in the original containers and the label on the prescription bottle or sprayer **MUST** be legible (it must also be noted if the medication needs refrigeration).

**MEDICATION**  
 PLEASE PRINT BELOW THE NAME OF THE MEDICATION AS IT APPEARS ON THE PRESCRIPTION LABEL AND THE PURPOSE OF THE MEDICATION

**FREQUENCY**  
 PLEASE PRINT BELOW (#A) THE NUMBER OF TIMES EACH DAY THE MEDICATION IS TO BE TAKEN FOLLOWED BY (#B) THE DOSAGE AS IT APPEARS ON THE LABEL. (#C) ANY SIDE EFFECTS

1. \_\_\_\_\_

1A. \_\_\_\_\_

Purpose: \_\_\_\_\_

1B. \_\_\_\_\_

\_\_\_\_\_

1C. \_\_\_\_\_

2. \_\_\_\_\_

2A. \_\_\_\_\_

Purpose: \_\_\_\_\_

2B. \_\_\_\_\_

\_\_\_\_\_

2C. \_\_\_\_\_

3. \_\_\_\_\_

3A. \_\_\_\_\_

Purpose: \_\_\_\_\_

3B. \_\_\_\_\_

\_\_\_\_\_

3C. \_\_\_\_\_

**Over the Counter Medication**

**Yes**  **No:** My child can be given pain reducing medication, antihistamine, antibiotic ointment, others (i.e. Tylenol, Ibuprofen, Benadryl, Neosporin, Peroxide, etc.) as deemed necessary by the camp first aid director. If NO, please list medication NOT to be dispensed:

\_\_\_\_\_  
 \_\_\_\_\_

I, hereby, request that Camp Paran, through the camp nurse, supervise and/or assist in the administering of medication to my child, according to the instructions contained on this form and the Prescription Drug Supplement. **All medications must be turned into the nurse before departure.**

Parent or Legal Guardian (Signature)

Date

**MOUNT PARAN CHURCH OF GOD, INC.  
2055 MOUNT PARAN ROAD, ATLANTA, GEORGIA  
TELEPHONE NUMBER, (404) 923-8700**

**LIABILITY RELEASE FORM  
RELEASE OF ALL CLAIMS**

**IN CONSIDERATION FOR BEING ACCEPTED BY MOUNT PARAN CHURCH OF GOD, INC., FOR PARTICIPATION IN THE FOLLOWING EVENT AND OR ACTIVITY(S):**

We (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child - participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Mount Paran Church of God, Inc., its other ministries, pastor, elders, trustees, employees, agent[s], drivers, volunteers, or any other person connected with Mount Paran Church of God, Inc., from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant that occur while said child is participating in the above described trip and or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and all other activities involved therein.

Further, authorization and permission is hereby given to Mount Paran Church of God, Inc., and its other ministries, to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify Mount Paran Church of God, Inc., and its other ministries, pastor, elders, trustees, employees, agent, drivers, volunteers, or any other person associated with the church, for any liability sustained by the church as a result of negligent, willful or intentional acts of said participant, including expenses incurred attendant there to.

**MEDICAL RELEASE FORM**

**(IF THE PARTICIPANT HAS NOT REACHED 21 YEARS OF AGE)**

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for the named participant to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor, hospital, or urgent care facility, and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume responsibility of all medical bills, if any.

Further should it be necessary for the participant to return home in the sole and absolute discretion of Mount Paran Church of God, Inc., due to medical reasons, disciplinary action, or any reason, we (I) hereby assume all transportation costs. IF UNDER THE AGE OF 21, BOTH PARENTS MUST SIGN UNLESS PARENTS ARE DECEASED, SEPARATED OR DIVORCED, IN WHICH CASE THE CUSTODIAL PARENT MUST SIGN

Name of Health Care Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Telephone Number of the Provider as it appears on the card:

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

List ALL medications participant MAY be allergic to:

\_\_\_\_\_

\_\_\_\_\_

List ALL known foods participant MAY be allergic to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRIP PARTICIPANT ONLY (CAMPER)**

I HAVE READ ALL THE INFORMATION CONTAINED IN THIS DOCUMENT WHICH IS A TOTAL OF TWO SECTIONS AND IF APPLICABLE INCORPORATES BY REFERENCE THE PRESCRIPTION DRUG FORM MAKING THE DOCUMENT A TOTAL OF THREE SECTIONS. I UNDERSTAND THE RULES OF CONDUCT FOR ALL PARTICIPANTS AND WILL ABIDE BY THOSE RULES AS STATED BY THOSE IN AUTHORITY AS WELL AS ALL SPOKEN DIRECTION OF THOSE IN AUTHORITY.

\_\_\_\_\_ Camper's  
Printed Name (Camper) Participant's Signature

**ARBITRATION PROVISION**

Any claim, controversy or dispute arising from or related to this Agreement, including but not limited to any claim between Mount Paran Church of God, Inc., the undersigned or the participant, for any breach of this Agreement, personal injury, up to and including death, or damage to property, shall be settled first by submission to non-binding mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for the Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker Ministries, or if agreed, by the American Arbitration Association and the applicable rules for the claim, and will be held at a location as agreed to by the parties in conjunction with the mediator and or arbitrator. The parties agree that these methods shall be the sole remedy for any controversy or claim between the parties and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision or award. The Official Code of Georgia and applicable case law shall be the prevailing law in determining any dispute.

**Pictures & Videos Policy:** We authorize Mount Paran Church of God to use our child's likeness in photographs or video in any and all of it's publications and media. We will make no monetary or other claims against Mount Paran Church of God for the use of such photos or videos.

**Admission:** It is the policy of Mount Paran Children's camp to admit all persons without regard to race, color, national origin, sex, or handicap. The same requirement for admission is applied to all persons without regard to race, color, national origin, sex, or handicap. There is no distinction of eligibility for or in the manner of proving services by this agency. All facilities of the agency are available regardless of race, color, national origin, sex, or handicap. All persons and organizations that have occasion either to refer people for admission or recommend the agency are advised to do so without regard to race, color, national origin, sex or handicap.

**NOTARY PUBLIC**

I (we) the Parent(s) or Legal Guardian(s) of

\_\_\_\_\_ have read the Liability and Medical Release, and the Pictures & Video Policy and agree with both its content and procedures.

Parent or Legal Guardian (signature) \_\_\_\_\_

Parent or Legal Guardian (signature) \_\_\_\_\_

This document signed at

\_\_\_\_\_ County.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**Camp Medical Information Form**

Name of Camper \_\_\_\_\_

Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_

Family Doctor Phone \_\_\_\_\_

**Personal Information**

Has your child ever been away from home for a week by him/herself? YES / NO

Please list any recent family status changes that we need to be aware of:

\_\_\_\_\_

Is there anyone going to camp that your child knows (brother, sister, or friend)?

\_\_\_\_\_

**Health History**

Please list the medical history of your child (i.e. surgery, diabetes, etc.)

\_\_\_\_\_

Does your child suffer from any of the following:  
asthma epilepsy allergies

List allergies (medications, food, insects, environmental, etc. Please be specific)

\_\_\_\_\_

Treatment required for Allergies: Inhaler \_\_\_\_\_

Epicene \_\_\_\_\_ Antihistamine \_\_\_\_\_  
Has the allergy required emergency action in the past? YES / NO

Is your child taking any kind of medication? YES / NO  
(fill out "Prescription Drug Supplement" form)

Does your child have any handicaps, which would greatly hinder him/her from entering into a full time camping program? YES / NO

\_\_\_\_\_

Can your child swim? YES NO Circle skill level:  
Beginner Intermediate Advanced

Has your child had a tetanus shot? \_\_\_\_\_ When? \_\_\_\_\_  
**(If not in the last ten years, you MUST get one before going to camp.)**