

Indiana District Assemblies of God
2024 CAMPER REGISTRATION FORM

Camper's Legal Name _____

Name Child Goes By (if different than above) _____

Male Female Age ____ Birthdate ____/____/____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Cell/Emergency Phone (____) _____

Alternate Phone (____) _____

Parent/Guardian E-mail (Required)

Church City _____

Church Name _____

Desired Roommates (Some rooms may require sleeping on a mattress on the floor.)

1. _____
2. _____
3. _____
4. _____

CHECK CAMP APPLYING FOR:

SAVE \$5 with online registration at: www.indiananextgen.org

TEEN CAMP RATES
Ages 12-19

Online Registration
\$300.00

Mailed Registration
\$305.00

**Registrations received after
May 13th add \$40**

KIDS CAMP RATES
Ages 8-11

Online Registration
\$285.00

Mailed Registration
\$290.00

**Registrations received
after June 1st add \$40**

- Teen 1 (June 3-7)
- Teen 2 (June 10-14)
- Teen 3 (June 17-21)
- Teen 4 (June 24-28)
- Teen 5 (June 29-July 3)

- Kid Camp 1 (July 3-6)
- Kid Camp 2 (July 7-10)
- Kid Camp 3 (July 10-13)

Add a Camp T-shirt
\$12 – Before May 13th postmark for Teen & June 1st for Kids
\$15 – After May 13th and June 1st postmarks

<input type="checkbox"/> Child Small	<input type="checkbox"/> Adult Small	<input type="checkbox"/> X-Large	<input type="checkbox"/> 4X-Large
<input type="checkbox"/> Child Medium	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> 2X-Large	<input type="checkbox"/> 5X-Large
<input type="checkbox"/> Child Large	<input type="checkbox"/> Adult Large	<input type="checkbox"/> 3X-Large	

**T-shirts are not considered pre-ordered if payment is not received with pre-registration. Sizes may not be available to buy at camp.

HEALTH QUESTIONNAIRE

THIS SECTION MUST BE FILLED OUT COMPLETELY.

This health questionnaire is for the benefit of the camp's first-aid administrator and physician in case of illness or accident. Camp registration includes secondary accident insurance (not illness) during camp.

I have medical insurance for my child. Yes No

Policy Number _____

Name of Primary Insured _____

Insurance Company _____

Are all immunizations current with State Law?

Yes No

My camper may be given over-the-counter, non-prescription medications or applications, not to exceed recommended dosage, for stomach discomfort, burns, cuts, insect bites, rash, aches, fever, cough, congestion, etc.

Yes No List exceptions: _____

Does Camper have:

- | | | | |
|---------------|----------|----------|-----------|
| Heart Trouble | Seizures | Asthma | Hernia |
| Lung Trouble | HIV/AIDS | Diabetes | Allergies |
| Other _____ | | | |

MEDICAL ACKNOWLEDGEMENT

I understand that I must provide any medications for my camper **IN THE ORIGINAL BOTTLE** as well as the Medication Form (see attached) with dosage/times or allergies detailed list for the camp first-aid attendant. I authorize the Camp Staff to administer my child's prescription medication according to the schedule I provide. I give permission to the Camp Staff to secure and administer treatment, including hospitalization, for my child. In the event that I cannot be reached in an emergency, I authorize Camp Staff to sign on my behalf, permitting my child to be treated and I agree to be financially responsible for treatment.

FOOD ALLERGIES

Food Allergies: I understand that the camp will not provide special meals for food allergies, but will provide a refrigerator and microwave in the kitchen so he/she can bring food if necessary. I can obtain a cafeteria menu by emailing the youth department at lym@indianaag.org after May 1.

PARENT/GUARDIAN CONSENT

I understand and give consent that all photos/video taken during camp may be used for promotional materials and publications. In addition, I give permission for my child to participate in all camp-related activities including, but not limited to, swimming, zip line, archery, and the jet ski. If my child is now allowed to participate in a particular activity, I must write a note to be given to staff at registration at camp.

X _____
Signature of Legal Parent/Guardian & relationship to child required

If registering by mail please send **\$55.00 (+ T-shirt \$) non-refundable** pre-registration fee for each camp you wish to attend, or entire amount of tuition to:

Camp 2024 - Indiana District AG
8750 Purdue Road
Indianapolis, IN 46268

Make checks payable to "IDAG" Amount Included \$ _____

In sending an application *all campers agree* to abide by *all camp rules*, always maintaining a Christian spirit of cooperation.