

| 2021 Kids Camp Cost |
|---|
| \$170 if postmarked BEFORE April 1, 2021 |
| \$180 if postmarked April 2 - May 1, 2021 |
| \$190 if postmarked May 2, 2021 - First day of Camp |

**SOUTH TEXAS ASSEMBLIES OF GOD CHURCH MINISTRIES & DISCIPLESHIP DEPARTMENT
HILL COUNTRY CAMP KERRVILLE, TEXAS**

**2021 KIDS CAMPER REGISTRATION AGES 7 – 12 YEARS (2nd-6th Grade)
(Front and back must be filled out completely by an ADULT)**

Check: Camp 1 (July 9-12) Camp 2 (July 14-17) Camp 3 (July 19-22)

| | | | |
|---|---|-----------------|------------|
| Church Name | | Church City | |
| First and Middle Name | | Last Name | |
| Gender (Circle One) | Camp Shirt (additional \$15): yes no | | |
| Male Female | Size: YS YM YL S M L XL XXL | | |
| Mailing Address | | | |
| City | | State | Zip |
| Birthdate (mm/dd/yy) | | Age | Home Phone |
| Parents or Guardian (with whom child resides) | | Cell Phone | |
| Email Address | | | |
| Emergency Contact | | Emergency Phone | |
| Is there anyone to whom we should NOT release your child? List complete name(s) | | | |

- * Your child will only be released to you, the emergency contact, or designated adult from your church.
- * A \$100 Deposit is required along with this completed registration form to secure a reservation. Camp is filled on a first come basis. **Balance will be due upon arrival at camp.**
- * **No fax will be accepted.** Mail registration form and deposit to STXAG-CM Dept., 14237 E. Sam Houston Pkwy N. Suite 200-314 Houston, TX 77044. Make checks payable to: STXAG.
- * Please register with your local Assembly of God Church. We recommend that each church submit the registration forms and deposits together for their church.
- * Refund Policy: The \$100 Deposit is refundable or transferable two weeks prior to camp. After this time deposits are non-refundable or transferable. Please refer to dates below:
- * A fee of \$35.00 will be assessed for every returned check.
- * The price of camp is determined when the application and the deposit have both been received. If we have only received the deposit, **the final price will not be determined until we receive the application.** *No exceptions*

| Camp | Refund/Transfer Date Deadline |
|---------|-------------------------------|
| Camp #1 | June 25, 2021 |
| Camp #2 | June 30, 2021 |
| Camp #3 | July 5, 2021 |

Health Record. Please fill out completely. **No child will be admitted without a completed and signed form.**

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|--|---------------|-------------------|
| Legal Guardian | Work Phone | |
| Health Insurance Company | Policy Number | |
| Employer | Policy Holder | Insurance Phone # |
| Child Social Security Number (In case of Medical Emergency - Hospital Requirement) | | |
| Dr. Name and Phone | | |
| Health Problems or Limitations: | | |

| | | | |
|--|-----|----|--|
| May your child be given the following: | Yes | No | What is the date of the last Tetanus Shot/Booster? |
| Tylenol/Ibuprofen | | | |
| Bendadryl/Antihistamines | | | |
| Decongestants/Cough Medicines | | | |
| Pepto Bismo/Tums | | | |
| May your child be given over-the counter, non-prescription medications or applications, not to exceed recommended dosage for stomach discomfort, burns, cuts, insect bites, rash or scrapes? | | | List any exceptions: |

Allergies: Please list

| | | |
|-----------------------|--------------------------------|--------|
| Food Allergies* | Allergic to medication/drugs? | Yes/No |
| Insect Bite Allergies | If yes, please list allergies: | |
| Plant Allergies | Are immunizations up to date? | |

* A menu is available upon request. Camp does not provide alternate or substitute meals.

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| Medication that you will be bringing to camp: |
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ALL MEDICATION, INCLUDING NONPRESCRIPTION DRUGS MUST BE TURNED INTO THE FIRST AID ATTENDANT UPON ARRIVAL IN ORIGINAL CONTAINER WITH COMPLETED MEDICATION FORM LOCATED ON OUR WEBSITE EXPIRED MEDICATIONS WILL NOT BE PERMITTED

www.stxagchurchministries.org

I, the parent or legal guardian of _____ (camper's name) do hereby state that I have legal custody of the child who resides with me and have read and approved the included information. I give permission for my child to attend camp and participate in all activities including swimming in a pool and lake. In consideration of my child being allowed to participate in this event, I will not hold the South Texas District Council of the Assemblies of God, the camp grounds, the Church Ministries and Discipleship Department, as well as any employees or volunteers associated with these organizations responsible for any illness or injury that is incurred. Additionally, I authorize the South Texas District Council of the Assemblies of God to use my child's likeness in photographs or videos in any and all of its publications and in any and all other media. I will make no monetary or other claim against the District Council of the Assemblies of God for the use of such photographs or videos. I give my permission for authorized camp personnel to inspect camper's belongings to ensure that they have no illegal or prohibited items. I will be held responsible for any and all damages my child may cause to the camp site or facilities or any other property. I hereby authorize any authorized camp personnel to obtain any medical care necessary. Parent's signature authorizes emergency treatment in the event of illness/injury when parents are not immediately available. I understand, if necessary, the camper will be taken to a nearby hospital and will be attended by a physician on call. I also hereby authorize this document to be released to first responders and emergency personnel. I further understand that I will be held responsible for any medical expenses incurred.

Signature of Parent or Guardian _____

Date _____