

2023 ARKANSAS PCG SUMMER CAMP STUDENT APPLICATION & RELEASE FORM

Mail To: AR Youth Camp, P.O. Box 309, Vilonia, AR 72173 or go to www.arpcg.org/youth to register on line.

Please check one: [☐] Teen Camp - \$125 (\$140 after June 1st) July 3rd - 7th for Ages 13 - 19
[☐] Tween Camp - \$110 (\$125 after May 26th) June 14th - 17th for Ages 9 - 12
[☐] Little Rascal's Camp - \$85 (\$100 after May 26th) June 12th - 14th for Ages 6 - 8

*CHOIR TOUR - \$375 (Includes Lodging, Food, T-shirt, and Youth camp.)
* If participating in Choir Tour there is a separate application. Go online or fill it out and mail it with your \$375. (\$375 includes camp cost and Choir Tour if you plan on attending both.)
CHOIR TOUR (ONLY) \$285 Registration deadline is June 1st, 2023

Diner Card: \$ _____ (Optional) - See Parent Info Sheet for details

Camp T-Shirt: Size _____ (Not Included in Camp Price)

Medicine Container: \$1 [☐] Yes [☐] No (See Parent Info Sheet for details)

TOTAL: Registration + T-Shirt + Diner Card + Medicine Container = \$ _____

OFFICE USE Only:

RECEIVED:

\$ _____

BALANCE OWED:

\$ _____

PLEASE PRINT ALL INFORMATION

Male (☐) Female (☐) Date of Birth ____/____/____

Camper's Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ - _____ - _____ Parent/Guardian Name _____

Daytime Phone Number _____ - _____ - _____ Alternate Phone Number _____ - _____ - _____

Church You Attend _____ Pastor's Name _____

MEDICAL INFORMATION:

Allergies: (medicines, foods, insect bites, etc.) _____ Please

note any current health problems or disabilities: _____ List any

medications that must be taken: _____ Date of Last

Tetanus Shot ____/____/____ Doctor: _____ Phone # _____ - _____ - _____

Health Ins. Co. _____ Policy # _____ Acct. # _____ EMERGENCY

CONTACT: Name _____ Relation _____ Phone# _____ - _____ - _____

ABSOLUTE RELEASE OF LIABILITY:

MEDICAL AUTHORIZATION: I, _____ (parent) hereby certify that _____ (student)

is in good health, free from all communicable diseases and able to participate in all event activities on and off campus. In case of medical and/or surgical emergency, I hereby authorize the Physician or Hospital selected by the camp administration to hospitalize, secure proper and appropriate treatment for, and/or order injection, anesthesia and/or surgery for my child (named above) as necessary and this authorization shall serve as a Limited Power of Attorney in accordance with the laws of the State of Arkansas in that regard. In case of injury or illness, I understand that my primary insurance will be billed first and that the Arkansas District liability insurance will be billed as a secondary provider.

RELEASE OF ALL CLAIMS: With a full and intelligent understanding of my rights and privileges and the rights and privileges of my child named above, I hereby knowingly and designedly waive any and all claims in regard to the potential liability of both the Pentecostal Church of God and their Boards, representatives, employees, camp personnel and agents.

PROPERTY LOSS: I further understand that the Arkansas District Pentecostal Church of God, it's Boards, representatives, employees, camp personnel and agents are not responsible for lost, stolen, or damaged items belonging to the above named student. I assume full financial responsibility for any items damaged, destroyed or stolen by or from the above student. I agree to pay transportation cost in the event the student must return home because of discipline or health reasons.

ACTIVITY RELEASE: I give my child (named above) permission to participate in any and all activities, whether on or off campus. I also give the Pentecostal Church of God permission to transport my child to said events, and will not hold them responsible for any accident or injury that may occur during these activities or during transportation to and from.

Camp Rules

1. All those attending camp must remain on the campground at all times, except for during off-campus activities.
2. All vehicles must be parked at the beginning of camp and not driven without the permission of the camp director.
3. All those attending camp must be in the dorms at the designated times.
4. Campers caught outside dorms after lights out will be brought before the camp executive committee.
5. Campers brought before the camp executive committee will be sent home at the discretion of the committee. Registration fees will not be refunded and travel expense will be the responsibility of the camper.
6. Those attending camp must respect all camp leaders.
7. Anyone destroying camp equipment will be required to pay for that equipment.
8. Possession or use of tobacco, alcohol or drugs will not be permitted. Students caught in possession of tobacco, alcohol or drugs will be sent home immediately (Does not apply to prescribed prescription drugs and/or medications that have been turned in to the camp nurse.)
9. Campers will abide by the following dress code: All shorts, skirts, and dresses **MUST** be to the bend of the knee. No sleeveless, mesh, or tight clothing will be permitted. For the evening services, campers may not wear shorts. If possible, it is (recommended) that ladies wear skirts or dresses. (MUST BE TO THE BEND OF THE KNEE) **NO WHITE T-SHIRTS OR WHITE SHORTS ALLOWED FOR WATER DAY. WATER ACTIVITY WEAR; MUST BE DARK COLORED T-SHIRTS AND DARK COLORED SHORTS.**
10. No weapons, fireworks, laptops, cell phones, or other electronic devices are permitted on campgrounds. (Bags will be checked at the door)
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13. Upon reasonable belief that an individual is engaged in or promoting homosexual activity, they will not be permitted to attend camp and/or will be required to leave camp.
14. For security reasons, only campers and staff will be permitted on the campgrounds, except for during church service times.

I, _____(**student**), will follow the rules set forth by the camp staff and will conduct myself in a Godly manner, bearing in mind that I am an example to others. I, _____(**parent**), give my consent for my child to attend camp, and agree to the above "Absolute Release of Liability."

_____/_____/_____/_____/_____
(Student) (Date) (Parent or Guardian) (Date)

Parent / Camper Information Sheet

(Keep This for Your Reference.)

Important Camp Information and Procedures You Should Be Aware Of:

- **Medication:** If the camper takes medication on a regular basis, the medication must be in an approved medication container, which **must** be purchased from the PCG Camp for an additional \$1.00. We can mail, (upon request) the medication container to the parent/guardian before camp. The parent will then fill the container with the appropriate medication for each day of camp. The container must be turned in when the camper checks in at camp. All medication will be kept securely by the camp nurse during camp. If any medication is unused, it will be properly disposed of at the end of camp. Absolutely no medication will be permitted to remain with the camper during camp, nor will any medication be released to the camper after camp is over. In the event that a camper did not pre-register, all medication must be placed in a medication container when the camper checks in, with the excess medication being returned with the parent/guardian. This procedure assists us in giving medication to campers, prevents a large quantity of extra medication from being present during camp, and ensures that the camper does not leave bottles of medication at camp. This procedure does not apply to liquid medication.
- **Check-out / Check-in:** On the first day of camp, all campers must be signed in by the adult (parent, guardian, pastor, youth pastor, etc.) responsible for their transportation to and from camp. On the last day of camp, all campers must be signed out by the same adult, or a parent/guardian. If the camper is to be released into the care of another adult, that adult must have a written permission slip that has been signed from the camper's parent/guardian.
- **Diner Cards:** Diner cards are used for snacks in the Diner. It helps prevent campers from losing money. Diner cards can be purchased at the Diner. However, the easiest way to purchase Diner Cards is to add them into your registration fee. Simply write the amount of the diner card you wish to purchase at the top of the application, and add it to your total amount owed. When the camper arrives at camp, the diner card will be ready for them to use.
- **Banquet Theme:** We will have a banquet on the last night of camp. Feel free to dress in the best **appropriate** attire that you can find.
- **My Packing List:**
 - Sleeping bag, or sheets, blanket and pillow.
 - Towels & Washcloths.
 - Toiletries (Soap, shampoo, toothbrush, deodorant, etc.)
 - Bible, notebook, pen
 - Clothes: Activity clothes, Church clothes, Banquet clothes. Youth Camp - Dress code: All shorts, skirts, and dresses **must be to the bend of the knee**. No sleeveless, mesh, or tight clothing will be permitted. Proper clothing for water sports, (**No Bathing Suits**) without proper shorts and t-shirt worn over them, ***NO WHITE SHIRTS ALLOWED FOR SWIMMING***. For the evening services, campers may not wear shorts, and it is (recommended) that ladies wear skirts or dresses if possible.
 - Snack money. (We recommend taking advantage of Diner Cards.)
 - Please leave your cell phone and all electronic equipment at home. Otherwise, it will be confiscated the first day of camp. (bags will be checked at the door)
 - Other Items: _____

About My Camp:

Camp Address: 824 U.S. 64 Business, Conway, AR. 72032

My Child's camp date is: _____

Check-in Time: 9 a.m. – 1 p.m. Check-out Time: 9:00 a.m. – 12:00 p.m.

Camp Emergency Contact Number: (870)530-5656{Dwayne},

(870)761-9568{Kristy}, or (501)358-7456{PCG District Campus}

Instructions for Youth Camp Medicine Container

All campers are required to put any capsule/pill medications taken in the enclosed medical container. As parent/guardian, it is your responsibility to fill this container accurately with the proper medication for your child. The camp nurse will administer the medications accordingly. The parent/chaperone that is in charge of your child's transportation must turn in this container at check-in. (Please do not mail this container.) Your camper is not allowed to bring any pills/capsules to camp unless they are in this medical container. All liquid medication must be turned in to the camp nurse upon arriving at camp. Medications that are taken "as needed" must also be stored in this medical container, as described below. The only medication that is not required to be turned in to the nurse is an inhaler. Common medications such as Tylenol, Aspirin, etc. will be provided by the camp and will be stored in the nurse's station, and can only be administered by authorized staff, such as the camp nurse. If you have any questions, please see your Pharmacist or call the Camper Director at (870)530 - 5656.

Step by step instruction for filling Your Camper's Medical Container:

1. Write your camper's Full name, Date of Birth, and any special instructions in the left-hand box labeled "Attach Pharmacy Label Here". In the right-hand box labeled "Attach Pharmacy Label Here", write down the name, dosage, and frequency of each medicine.
2. Place the plastic section on top of the labeled section with the writing on the top, matching up three notches on bottom, with the plastic opening facing up to fill with medicine.
3. Fill the plastic section with the appropriate medications the camper needs to the corresponding time and days of the week. NOTE: Medication that is taken "only as needed" can be placed in the extra slots for the days the camper will not be at camp, and writing special instructions for what this medicine is and how and when it is to be administered.
4. Peel the backing off the label section.
5. Carefully place the sticky back of the label section onto the top of the plastic container, making sure that the three notches on bottom match.
6. Press down on the container, making sure that the medicine is sealed inside.
7. After signing the bottom of this form, send both this form and the medical container with the parent/chaperone responsible for checking in the camper.

I, _____ (Parent/Guardian) certify that I have followed the above instructions for my child, _____, and that the medication contained within is accurate. I approve the camp nurse to administer this medication at the indicated time slots for 2023 P.C.G. Youth Camp.

Parent's Signature: _____

Date: _____