

2010 KENTUCKY YOUTH CAMP APPLICATION

Please Mark Carefully

A six-month age tolerance is permitted for each camper

A \$20.00 Deposit MUST accompany all camp applications.

Deposit is Transferable but not Refundable

Senior High _____

Ages 15-17
June 28 - July 2

\$70.00 includes FREE CAMP T SHIRT

_____ **\$70.00** Postmarked by May 4th

_____ **\$75.00** Postmarked after May 4th

Young Teen _____

Ages 12-14
July 5 - July 9

\$70.00 includes FREE CAMP T SHIRT

_____ **\$70.00** Postmarked by May 4th

_____ **\$75.00** Postmarked after May 4th

Pre-Teen _____

Ages 9-11
July 12 - July 16

\$70.00 includes FREE CAMP T SHIRT

_____ **\$70.00** Postmarked by May 4th

_____ **\$75.00** Postmarked after May 4th

Mini Camp _____

Ages 6-8
July 19 - July 22

\$60.00 includes FREE CAMP T SHIRT

_____ **\$60.00** Postmarked by May 4th

_____ **\$65.00** Postmarked after May 4th

*****Walk On Applications: \$100.00 NO EXCEPTIONS*****

Rush to: Youth Camp 2010 - 3500 Versailles Road - Lexington, KY 40510

NO FAXES ACCEPTED; DEPOSIT MUST ACCOMPANY FORM

Name _____

Address _____

City _____ State _____ Zip _____

Sex _____ Age _____ Birthdate ____/____/____

Home Phone (____) _____

Church _____

Pastor _____

Additional Important Items: (Attach additional sheet if necessary)

Roommate #1 _____

Roommate #2: _____

Medical Information: Allergies _____

Current Medication _____

Purpose _____ Date of Last Tetanus Shot _____

Physical Handicaps _____

Family Doctor _____ Phone # _____

Primary Insurance _____

Policy # _____ Group # _____

List other brothers and sisters attending, and the camp they'll attend:

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

Multi-child Discount

Each additional child will receive a \$5.00 discount off the appropriate camp fee. **All must be from the same immediate family, and all applications must be mailed together.**

Confidential USDA Eligibility Form

Urgent: Your cooperation provides potential USDA reimbursement

1. Name of Child in Camp _____ Birthday _____ Foster Child () _____

2. Household receiving Food Stamps or aid to families with dependent children.
() Yes, I received Food Stamps or AFDC this month.
Food Stamp Number: _____ AFDC Case Number: _____

Your information is strictly confidential with the KY YCE Department

3. **If you gave a Food Stamp or AFDC #, skip to Part 4.** If you did NOT give a Food Stamp or AFDC case number, complete the following: List the names of everyone living in your household, including yourself and child(ren) listed above. Use a separate sheet if necessary. * SOCIAL SECURITY NUMBER: Please give the Social Security Number of each adult age 21 or older. If an adult does not have a SS Number, print "none". * INCOME: List all income received last month on the corresponding line with the person who received it. You need to list the Gross Income before deductions. List each amount under the correct title, and then list the total. PLEASE PRINT.

Household Members	Work Earnings (before deductions)	Welfare, Child Support, Alimony (Adults 21 & over)	Payments from SS Pensions, Retirement	Job #2 or any other income

Children (Under 21)

4. Signature and Social Security Number: I certify that all of the above information is true and correct, and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult/Guardian _____ Social Security Number _____ Date _____

5. Race: Please check the racial or ethnic identity of the participant.
(*You are NOT required to complete this part.*)
 White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native

For Camp Office Use Only. Please do not write in this area.

_____ Food Stamp-AFDC Household	Approved for: _____	_____ Free Meals
_____ Total Household Income		_____ Reduced Price Meals
_____ Household Size		_____ Paid

I understand that Youth Camp maintains a Christian standard for conduct and dress, and sign my name hereby promising to submit myself to those who are in authority during my stay.

Camper Signature: _____ **Date:** _____

***** Circle Early Bird T-Shirt Size: Child: S M L Adult: S M L XL 2X 3X *****

A, B AND C MUST BE INITIALED AND PARENT OR GUARDIAN MUST SIGN BEFORE APPLICATION WILL BE ACCEPTED

A. I hereby give my permission for my child to participate in any and all activities of the Church of God Youth Camp, and waive all claims to injury or loss of property arising out of the activities against the leaders of this camp, the other participants, and the Church of God Executive Offices of Kentucky and/or International.

***Parent/Guardian Initial Here** _____

B. I understand that the Camp Insurance Policy provides secondary medical coverage, and I provide primary coverage for my child. I accept full responsibility for any and all medical costs.

***Parent/Guardian Initial Here** _____

C. If I cannot be reached in an emergency situation, you have my permission for qualified medical professionals to treat my child.

***Parent/Guardian Initial Here** _____

Day Phone _____

Other Phone _____

Parent/Guardian Signature Required _____ *Date* _____

Print Name _____

Pastor's Signature Required For Acceptance

Postmarked
Camp Fee _____

FOR OFFICE USE ONLY

Deposit
Balance _____

SIGNATURE REQUIRED!

INITIALS REQUIRED!

INITIALS REQUIRED!

INITIALS REQUIRED!

SIGNATURES REQUIRED!