



CAMP JUBILEE

JULY 15-20, 2024

Camp will be conducted at: **Camp Hickory Hills**
925 Wilson Hollow Rd., Dickson, TN 47055

CAMPER APPLICATION

Name: _____ (Male) (Female)

T-shirt ADULT SIZES: () Small () Medium () Large () X-Large () 2X () 3X

CHILD SIZES: () 6-8 Y - () 10-12 Y - () 14-16 Y

Name of the church you attend: _____

Birth date: _____ Age: _____ Email Address: _____

Personal address: _____

City: _____ State: _____ Zip Code: _____

Parents/Legal Guardians: _____

Home Phone # _____

Emergency Contact: _____ Phone # _____

Emergency Contact: _____ Phone # _____

Camper - (age 7 through age 17)

Mail application & deposit to:

Rick Ferrell
105 Canterbury Dr.
Crossville, TN 38558

(Make all checks payable to "Zion Assembly Church of God".)

Cost: \$140.00 per Camper

Multiple Family Discount:

1ST and 2ND child will be full price. Any additional children in same household will be **\$90.00 each.**

***Deposit of \$70.00 and Application will be DUE BY: June 15, 2024**

LATE FEE OF \$15 IF RECEIVED AFTER JUNE 15

(Camp Fee Includes: Lodging, meals, activities, T-shirt and a \$5 snack card. Additional snack cards can be purchased at camp.)

SIT PROGRAM: (FOR AGES 16yrs & UP

ONLY) Are you interested in being in the (SIT)

STAFF IN TRAINING PROGRAM?

() YES () NO

Note: SIT (Staff-In-Training) is for campers who have a vision and passion for the Youth Camp Ministry.

Health Insurance Information

Name of Insurance	Carrier Policy Holder	Relationship
ID Number	Group Number	Address and Number

If parents cannot be reached in case of emergency, please notify:

Name	Relationship	Telephone #
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Health History (Check all that apply)

Epilepsy/Seizures
 Asthma
 Heart Condition/Disease
 Cancer
 Kidney Disease
 Diabetes
 Fainting
 Sleep Walking
 Blood Disorder
 Rash/Wounds
 ADHD/ADD
 Other _____

Allergies (Check all that apply):
 Drug
 Food
 Insect Bite
 Environmental
 OTHER
 Please Specify: _____

Most Recent Tetanus _____ Recent Operations _____
 Special Diet Instructions _____
 Physical Restrictions _____

*Head lice and temperature checks will be performed upon arrival to camp as deemed necessary by camp nurse.

MEDICATION LIST

IMPORTANT: The Camp Nurse will only administer those medications that are sent with the camper, as there will be **NO** over-the-counter medications on hand. All prescribed medications **MUST** be sent in their original **prescribed bottles** and any over-the-counter meds your child takes or feel they may need (ex. For a headache / body aches, fever, bug bites or allergic reaction) must be sent in their **original purchased -unopened bottles**.
PLEASE LIST ALL PRESCRIBED MEDICATIONS AND OVER-THE-COUNTER MEDICATIONS THAT YOU ARE SENDING WITH YOUR CHILD, ALONG WITH DETAILED INSTRUCTIONS.

Medication Name	Dosage	Time to be given	Reason
Over-the-counter Medications	*Over-the-counter medications will be given according to the directions on the bottle, unless deemed otherwise by parent.		Reason

*(If Additional space is needed, please use back of this form to write complete medication info)

Release of Liability:

I understand that if any accident should occur or any sickness, it is my own responsibility. It is understood that Zion Assembly Church of God Youth Camp will not be held liable for any expense in such case. In case of emergency, I understand that EVERY effort will be made to contact parents/guardians listed on application. If I cannot be reached, I hereby give permission to the physician to secure proper treatment, care, even hospitalization for my child as named above. I also understand that ALL medications must be administered by the assigned camp nurse for all campers. Medications, including over-the-counter medications, must be checked in at time of registration, labeled with camper's name, dosage & time of dispensing.

OTHER INFORMATION & CONSENT

I give permission for the camper to participate in swimming: Yes () No ()
I give permission for the camper, if under 18, to participate in baptism: Yes () No ()

Dress Code: Please dress appropriately. The following is not allowed: Short shorts, short blouses, tank tops, and halter tops. Shorts must be worn at or below the knees. Leggings and/or yoga pants may be worn, but only if the shirt covers the hips completely. You may be asked to cover leggings with shorts or skirt, or change if deemed inappropriate by deans/directors.

- ** In giving respect to God's house, all campers are encouraged to dress appropriate for evening services.
- ** One-piece bathing suits required at pool, along with appropriate covering to and from the pool.
- ** You will be expected to bring your own bed linens & towels.

Registration: 4:00 pm (Central Time), Monday afternoon—JULY 15, 2024.

I understand that in signing this application, I am agreeing to abide by all rules, policies and discipline of Zion Assembly and the camp, as set forth by the director and staff, and consent to the above stated information and release of liability. Also, by signing, I give permission to the camp, and its affiliate Zion Assembly Church of God, to use any pictures or videos for promotional purposes, including, but not limited to websites, flyers, and social media. Should you NOT want your camper to be photographed or videoed, please provide a written/signed statement.

Signature of Parent/Legal Guardian: _____ Date: _____

Printed name of Parent/Legal Guardian: _____

Camper Consent (to be signed by camper)

Along with the leaders and other youth, I _____ agree to conduct myself in a Christian manner. I promise to respect God, others, and property. I understand that my agreement holds me responsible to these things and the consequences thereof. I am agreeing to abide by all rules, policies, and discipline of the Campground and camp as set forth by the Director and Staff. By signing this covenant, I understand that action will be taken, and I am subject to being sent home if I partake in any of the following activities: leaving camp property without permission, possession of illegal drugs, non-prescribed medications, vaping, alcohol or tobacco products, possession of weapons, disrespect for authority, or any other activity that adult leaders deem as inappropriate. I agree to strive to make each activity the best it can be.

Camper Signature: _____ Date: _____

***** IMPORTANT: PICK UP TIME BY 10 AM (PROMPT) ON SATURDAY JULY 20 ****

Name of person picking up your child: _____