



International Youth Camp (IYC)
January 5-7, 2024

IYC will be conducted at: Camp Hickory Hills
925 Wilson Hollow Rd., Dickson, TN 47055 ***AGES: 12 & UP**

Name: _____
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 # _____

COST: \$60 DEPOSIT: \$30 (non-refundable) POSTMARKED BY DEC 31st

Health Insurance Information

PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD

Name of Insurance: _____
Policy Holder: _____
Relationship: _____
ID number: _____
Group Number: _____

MAIL APPLICATION / DEPOSIT TO:

Zion Assembly Church of God
Attn: Pam Jones (IYC)
2850 Woodbury Loop
Morgantown, KY 42261

CONTACT: Kim Erwin 270-977-6772

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

_____	_____	_____
Name	Relationship	Telephone #

Health History (Check all that apply)

___ Epilepsy ___ Asthma ___ Cancer ___ Kidney Disease ___ Seizures ___ Heart Condition/Disease
___ Tuberculosis ___ Diabetes ___ Fainting ___ Sleep Walking ___ Blood Disorder
___ 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 _____

MEDICATION LIST (*All medications must be secured safely as deemed per Nurse*)

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 of minors must be administered by the assigned camp nurse for all campers. Medications, including over-the-counter medications, must be registered in at time of registration, labeled with camper's name, dosage & time of dispensing. All medications for all participants must be secured safely as deemed by the camp nurse.

Consent:

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 yourself / minor to be photographed or videotaped, please provide a written/signed statement.

Signature of Adult Participant/Parent/or Legal Guardian _____ **Date**

Printed name of Adult Participant/Parent/or Legal Guardian

Camper Consent (to be signed by camper under 18yrs of age)

Along with the leaders and other youth, I _____ agree to conduct myself in a Christian manner. I promise to respect God, respect others, and respect 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: possession of illegal drugs, non-prescribed medications, 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:** _____

Name of person picking up your child: _____
 (Pick up by 11:00am on Sunday, 1/7/2024)

*****DON'T FORGET: WARM BEDDING, TOWELS, COAT, HAT, GLOVES AND SCARF.**

