

Attach Picture

OHIO DISTRICT UPCI
2020 Camper Registration Form (Page 1)

<input type="checkbox"/>	Sunday School June 8-12 Ages 8-11	<input type="checkbox"/>	Junior High June 15-19 Ages 12-14	<input type="checkbox"/>	Sr. High June 22-26 Ages 15-18
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Camper Section 1 Please print legibly

Name _____ **Birthdate** _____ **Age** _____ **Sex** M F

Phone parents _____ camper _____ Emergency _____

Address _____ City _____ state _____ zip _____

Pastor's Name _____ church _____

Received Holy Ghost Yes No

Lodging Preferences: Girls Hotel _____ Girls Dorm _____
Boys Dorm Alamo, Old Dorm _____ Pavilion Dorm, Alcatraz, New Dorm _____

Room Mate Preferences: _____

Sunday School Camp – order Your T-Shirt now Cost \$12.00 EXTRA. Sizes Childs S M L XL

Jr & Sr. Camps – Order your T-shirt now Cost \$12.00 EXTRA. Sizes (circle one) S M L XL XXL

Note to Parents/Legal Guardians :
ATTACHED YOU WILL FIND A NEW YOUTH SEARCH POLICY FROM THE OHIO DISTRICT UPCI.

PLEASE READ/SIGN AND DATE: I FURTHER ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND AGREE WITH THE OHIO DISTRICT UPCI YOUTH SEARCH POLICY AND UNDERSTAND AND AGREE THAT MY CAMPER/WORKER WILL BE SUBJECT TO SUCH TERMS.

SIGNATURE: _____ **DATE** _____

I WILL ABIDE BY CAMP RULES AND DRESS CODE (AS LISTED ON OTHER SIDE), AND BE OBEDIENT AND COOPERATIVE AT ALL TIMES!!! SIGNATURE OF CAMPER _____

Sunday School Camp -WHO WILL BE PICKING UP YOUR CAMPER? LIST ALL:

Section II (Parent or Legal Guardian)

NAME _____

ADDRESS IF DIFFERENT THAN CAMPER _____

PHONE MOM # _____ DAD # _____ EMERG. # _____

DUE TO INSURANCE LIABILITIES, NO SKATEBOARD OR SCOOTERS WILL BE PERMITTED

___ The above named child has my permission to attend the Ohio District UPCI Camp

___ I will NOT hold the Ohio District UPCI responsible for any accident that might befall my child which may be caused by neglect or disobedience on the camper's part and for any lost or stolen items.

___ I agree to be responsible to provide transportation home early if my child is dismissed for misbehavior.

___ I agree to make arrangements for my child to leave the campground by 10:00pm on the final day of camp.

___ I will be responsible for any costs that may be a result of willful or negligent destruction of camp property or of another's personal property.

___ I understand all children will be inspected for lice and give permission for my child to be inspected by the appointed personnel.

2020 Camper Registration Form (page 2)

Camper Name _____ Pastor Signature _____

Pastor Printed Name _____

The above named camper is associated with our church through: Check One:

___ Regular Member ___ Bus Ministry ___ Friend or Relative of Church Member ___ Other

***UPCI Pastor must personally sign the registration form of each student enrolled, and the student must also sign indicating that he/she has read the rules and pledges to abide by them. Registrar must call for non-signed forms and obtain the Pastor's verbal approval to sign the Pastor's name followed by her initials. The Presbyterian and UPCI Pastor from the area must sign for anyone from a non-UPCI Church. No UPCI pastor shall sign for a person not in their assembly if that young person is from a church in question or from a church that has been refused membership in the UPCI or attends another UPCI church.

NON-OHIO DISTRICT UPCI Campers: Registration fee for campers using this section will be \$165.00 (\$177.00 TO INCLUDE T-SHIRT To be completed by all campers who do not attend an Ohio District United Pentecostal Church (\$185.00 for late registration)

Signature of Local Ohio UPCI Pastor _____ Printed Pastor's Name _____

Signature of Local UPCI Presbyterian: _____ Printed Presbyterian's Name _____

Registration Information:

- 1. Fill out form completely
2. Enclose pre-registration of \$135.00 (\$147.00 TO INCLUDE T-Shirt) (Late registration \$150.00) Pre-registration deadline: Two Weeks prior to the camp attending.
3. Mail form and fee to Apostolic Camp, Tricia or Ben Tatman ,mail to Abundant Life Tabernacle, 35 Derrer Rd, Columbus Ohio 43204
4. Make checks payable to Apostolic Campground. Must be received, two weeks prior to the camp attending.
5. Monday registration begins at 10:00am. One must have lice check performed first in Hotel, and then registration check in (Dining Hall)
6. REFUND POLICY - All registrations are non-refundable
7. Registration will be limited in each camp to the number of Beds available on a "first come" basis. If you don't preregister you are not guaranteed

Rules:

- A. During any scheduled district activity, all persons staying on the Campground are under the jurisdiction of the Campground Rules. This includes daytime, evening and overnight guests.
B. The same dress code will be in effect for all camps.
C. 1) Girls must have dresses to at least mid-knee. 2) Girls are not to wear pants, gauchos, or shorts. Only decent culottes are acceptable with front and back panels as previously approved by the district. 3) No sleeveless, capped sleeves, see-through, or low-cut blouses are allowed. 4) All boys must have decent haircuts and be clean shaven before arriving on the campground. This means hair must be off the collar and the ears, and no facial hair. 5) No tight fitting trousers, shorts or sleeveless shirts shall be permitted on the boys (this includes ball uniforms pants, sweatpants and pajama pants). 6) All dress shirts must be worn inside the trousers. 7) No suggestive slogans or pictures will be allowed on the clothing or elsewhere. 8) Make-up, necklaces, earrings, etc. are not permitted on the campground.
D. Any young person attending youth camps may not use his/her motor vehicle for individual service or pleasure with the exception of coming and going from such activities. All motor vehicles must remain impounded on the campground property for the duration of the camp.
E. All young people must have permission from the Camp Director to leave the campground for any reason after they are registered, and then sign out at the registrar's office, and sign in if returning.
F. No student will be permitted to ride in a private boat.
G. No student of the opposite sex will be permitted to have physical contact anywhere on camp property (holding hands, hugging, embracing, etc.)
H. Each student must remain in the tabernacle after the evangelistic service until permission is granted to leave.
I. No student will be permitted down at the lake front.
J. No food or drink shall be allowed in the dorms, hotel or tabernacle.
K. All lights must be out by 12:00 midnight—and all noise is to cease.
L. Each student must be responsible and liable for any property damage incurred by him/her.
M. No one is permitted to remove any furniture from its proper setting or place at any time.
N. No radios or electronic devices will be permitted to be used during the student's camp.
O. No matches or candles are allowed in the hotel or dorms.
P. No one is allowed on the ground during the day or after 10:00pm unless enrolled as a camper or a staff worker.
Q. All campers must arrange transportation for leaving the camp no later than 10:00 pm on the final night of that particular camp.
R. NOBODY can stay on the campgrounds Friday night without permission from a camp manager.
S. No doors are to be locked. (except as noted by and approved by Dorm Supervisors)
T. No sleeping or showering together by students
U. No moving from one room to another without permission from the Dorm Supervisor and the Registrar.

Ohio District

Camper's Medical Summary (Page 3)

Camper's Name _____ Birthdate _____ male or female

Pastor's Name _____ Church Name _____

Insurance Information:

Physician's Name _____ Physician's Phone Number _____

Insurance Company _____

Name of Policy Holder _____ Policy Number _____

GENERAL MEDICINE

Please list any known mental or emotional requirements that would limit your child from normal group activities:

Please list any recent significant past medical history:

Does your child have any allergies? (Food, Medical or others)? ___ Yes ___ No If yes, please list them below:

Does your child have a prescribed inhaler? ___ Yes ___ No

Parents: Please initial below which over the counter medications and preparations that may be dispensed to your child on an as-needed basis. All medications preparations will be provided and will be dispensed by the Camp Medical Staff.

___ Acetaminophen (Tylenol) ___ cough/Cold/Allergy Med. ___ Skin Cleansing Agent

___ Antacids ___ Ibuprofen ___ Sore Throat Medication

___ Benadryl ___ Imodium/Diarrhea Med. ___ Topical (Skin) Antibiotic

___ Calamine/Caladry Lotion ___ Pepto-Bismol

ALL MEDICATIONS WILL BE SIGN IN WITH NURSING STAFF UPON ARIVIAL

Statement of Lice Inspection:

1. All campers will be checked for lice/nits by our qualified Camp Medical Staff prior to Registration. The Camp Nurse will have the final say in the matter.
2. Campers with lice/nits will be sent home without return.
3. Since lice/nits can be a real nuisance to our girls and ladies with long hair, we seek to err on the side of caution. Successful treatment of lice/nits, removal of all nits in the hair with a lice comb, treatment of all hair combs and accessories, clothing, bedding, and anywhere close contact may occur. Medicated shampoo treatments are generally not effective by themselves. Nits must be physically removed from the hair. Nits can remain viable in bedding, for example, up to seven days. For more information, please contact your physicians.

CAMPERS WITH LICE/NITS WILL BE SENT HOME WITHOUT RETURN

Ohio District

Camper's Medical Summary (Page 4)

Prescribed Medication: WILL BE SIGNED IN BY NURSING STAFF UPON ARRIVAL

I, _____ (Parent/Guardian's Initials) give my permission for the listed medications/preparations to be given in my absence as indicated above. I will not hold the Ohio district or administering person liable for any reactions resulting from the giving of these medications.
All medications must be sent in the original packaging.



All prescription medication and over the counter meds must be in original bottle with correct dosage. All prescriptions must be current. All meds prescriptions or over the counter will be checked into the nursing staff, except rescue inhalers, seizure rescue meds or epi pens. A second dose to be kept in the nursing station in the event of emergency

We are required by applicable federal and state law to maintain the privacy of your child's health information. We use and disclose your child's health information for use in medical and dental treatment by a physician or hospital, payment to the physician or hospital, and healthcare operations such as release of notes regarding an accident or incident. We are required by law to obtain your written consent prior to making certain disclosures of your health information.

I understand in the event that an emergency would arise that would require medical care, use of a physician or hospitalization or surgery, I will be notified immediately. However, should camp authorities be unable to locate or not have time to contact the child's parent or guardian, they may take such temporary measures as they deem appropriate and necessary. Also, I grant permission for routine non-surgical medical care for the above named camper. I hereby authorize the release of pertinent medical/dental information to insurance companies and I hereby authorize the insurance benefits to pay directly to the provider of medical/dental services.

Parent's or Guardian's Signature _____

Date _____

The United Pentecostal Church International is categorically opposed to the homosexual lifestyle and believes that homosexuality is sinful behavior. (Genesis 19:4-7; Romans 1:24-32; 2 Timothy 3:3) We have stated our opposition to this sin in our Articles of Faith and position papers. (UPCI Manual 2012, Pg. 57, 174, 180) No camper who openly purports to be a homosexual or engages in or attempts to engage in homosexual acts, or who actively promotes the homosexual lifestyle through conversation, gestures, clothing, mannerisms, print or electronic media or by any other means shall be permitted to enroll as a camper. Any camper engaging in any of these behaviors after being enrolled shall be asked to leave.

THIS COMPLETED MEDICAL FORM MUST ACCOMPANY CAMPER APPLICATION.