

# CAMP ACCOVAC YOUTH CAMP 2023 REGISTRATION FORM

*It is very important that you PRINT CLEARLY and fill this out COMPLETELY*

Camper's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Sex \_\_\_\_\_

Attended ACCOVAC before?  Y  N If Yes, what years \_\_\_\_\_

Camper's Home Church \_\_\_\_\_ Denomination \_\_\_\_\_

Church Contact Person (circle one) SS Teacher - Youth Pastor - Pastor \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Parent's Address (Write same if same as camper) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

## Circle Camp Week(s) Desired

- |                              |                     |              |
|------------------------------|---------------------|--------------|
| • Junior Session One         | June 18-24.....     | Ages 7 – 12  |
| • Junior Session Two         | June 25-July 1..... | Ages 7 – 12  |
| • Sports, Music & Drama      | July 2-8 .....      | Ages 12 – 18 |
| • Work & Wilderness          | July 9-15.....      | Ages 12 – 18 |
| • Teen Adventure Camp (NEW!) | July 15-21 .....    | Ages 15-19   |

Cabin partner desired (not guaranteed) \_\_\_\_\_

**Please include a \$25 non-refundable deposit per child, per week to register.**

MAIL TO: Camp ACCOVAC, 4791 Nicelytown Rd., Clifton Forge, VA 24422

*Registration is open to everyone without regard to sex, race or national origin.*

## FOR OFFICE USE ONLY

Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

Amount \_\_\_\_\_ Due at Registration \_\_\_\_\_

# Payment Coupon

**\$25 non-refundable deposit per child/week  
Remaining paid Sunday at Camp**

OR

**\$275.00 per child/week in full.**

**This includes \$15.00 camp store credit  
and camp picture.**

(\$10.00 credit if paid in full by June 1, 2023)

Camper's Name \_\_\_\_\_

Please check all that apply:

\_\_\_ Deposit            \$25.00            \$ \_\_\_\_\_

\_\_\_ Balance            \$250.00            \$ \_\_\_\_\_

\_\_\_ In Full            \$275.00            \$ \_\_\_\_\_

\_\_\_ \$10.00 Early Payment Credit

Total Enclosed:            \$ \_\_\_\_\_



Please make checks payable to: **Camp ACCOVAC**

And mail to:

4791 Nicelytown Rd., Clifton Forge, VA 24422

# Release Form

## Media/Marketing Release

I give permission for Camp ACCOVAC to use any photo/video of my camper (name) \_\_\_\_\_ taken while at Camp ACCOVAC for the purposes of marketing of the camp and its ministry (brochures, newsletters, etc.)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Off-Campus Activities

I hereby claim that I am the legal parent or guardian of \_\_\_\_\_. I give permission for my child to participate in off-site activities. This form may be photo-copied for use outside of Camp ACCOVAC.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Camper Conduct Agreement

*Please read and sign the following agreement.*

I agree to abide by all rules of behavior and conduct at Camp ACCOVAC. I understand that violating these rules may result in expulsion from camp and forfeiture of all registration and fees paid. I agree to conduct myself in a manner appropriate to the Christian environment at Camp ACCOVAC.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Medication Form

**Please complete the following information and place it with any medications your child will need during camp in a clear ZIPLOC bag.** (If you have more than one camper, copy and complete a separate form for each child).

Camper's Name: \_\_\_\_\_

Contact Name & Phone # if we have questions:

Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_

## **Medications:**

1. \_\_\_\_\_

Dosage: \_\_\_\_\_ Specific time taken: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

2. \_\_\_\_\_

Dosage: \_\_\_\_\_ Specific time taken: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

3. \_\_\_\_\_

Dosage: \_\_\_\_\_ Specific time taken: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

# CAMP ACCOVAC YOUTH CAMP 2023

## HEALTH INSURANCE/MEDICAL QUESTIONNAIRE

The following information must be completed by parent or guardian of minors.

Name of Camper \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Parent/Legal Guardian \_\_\_\_\_  
Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
If not available in an emergency, notify \_\_\_\_\_ (Circle one) Friend/Relative  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
List Known Allergies \_\_\_\_\_  
Operations or serious injuries (give dates) \_\_\_\_\_  
Disability or chronic/recurring illness \_\_\_\_\_  
Are there any specific activities that should be limited or avoided according to Physician's  
orders?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
Dietary modifications: \_\_\_\_\_  
Current medication(s) and dosage instructions \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy/Group Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of Physician \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Date of last physical exam \_\_\_\_\_

NOTE: Head lice has been an occasional issue at camp in the past. If your camper has had lice recently or been in close proximity to someone who has, please be sure that camper is completely free of any lice and nits before coming to camp. Any camper found to have lice or nits will be sent home immediately.

## AUTHORIZATION/AGREEMENT FORM

### Authorization for Treatment

#### IMPORTANT: THIS SECTION MUST BE COMPLETED BEFORE ATTENDING CAMP

I hereby claim that I am the legal guardian and that the health information that I have provided is accurate and that the person herein described has my permission to engage in all activities except as otherwise noted. I hereby give permission to the medical personnel selected by the Camp Director to order tests, and treatment in the event I cannot be reached in an emergency. I hereby give permission to the Physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery. I understand that my own insurance is primary before Camp ACCOVAC's insurance. Additionally, this form may be photocopied to be used outside Camp ACCOVAC if necessary.

Signature or Parent (Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_  
Witness \_\_\_\_\_ Date \_\_\_\_\_