

CAMP ACCOVAC YOUTH CAMP 2021 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

- **Work & Wilderness** **June 27-July 3.....Ages 12 – 18**
- **Sports, Music & Drama** **July 4-10.....Ages 12 – 18**

- **Junior Camp One** **July 11-17.....Ages 7 – 12**
- **Junior Camp Two** **July 18-24.....Ages 7 – 12**

Must attend Work portion of camp to earn privilege of Wilderness Experience.

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

\$250.00 per child/week in full.

This includes \$15.00 for camp store and
\$10 for camp picture.

(\$10.00 credit if paid in full by June 1, 2021)

Camper's Name _____

Please check all that apply:

___ Deposit \$25.00 \$ _____

___ Balance \$225.00 \$ _____

___ In Full \$250.00 \$ _____

___ \$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 2021

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 _____