

PERSONAL PROFILE

Name _____

Address _____

Email _____

Age _____ () Male () Female

Date of Birth: Day _____ Month _____ Year _____

Marital Status () Married () Single

() **Junior Camp (4-12 years)**

July 30th – August 4th, 2017

() **Teens Camp 13 – 17 years**

August 6th – 11th, 2017

() **Youth Camp (18 and over)**

August 13th – 18th, 2017

Are you a member of the Church of God of Prophecy?

Yes () No ()

If yes, give the name of your local Church, *if no* give the name of your church affiliation.

Are you a Christian? Yes () No ()

Holy Ghost Filled? Yes () No ()

Give the name of your Parent(s)/Guardian

How can he/she be contacted in case of emergency?

Have you attended NSC before? Yes () No ()

Youth & Teens Camps \$ 7,000. Junior & Pee Wee Camp \$ 6,800.00 All applications must be in by July 14th, 2017. Deposit of \$4,000.00 must be enclosed with applications. The remainder should be paid on arrival at camp. Registration after July 14th, 2017 will attract an additional \$500.00 late fee. No refund/funds transfer will be accommodated after July 28th, 2017.

HEALTH REPORT

Have you ever had or still experiencing any of the following conditions? (Please put a tick where necessary). If no please mark N/A.

SICKLE CELL ANEAMIA () STOMACH

ULCER () ASTHMA () DIABETES ()

HYPERTENSION () HEART DISEASE ()

FITS/EPILEPSY () RHEUMATIC FEVER ()

ARE YOU FULLY IMMUNIZED? _____

ARE YOU ALLERGIC TO ANY FOOD, FLOWER ETC.? ()

IF YES, TO WHAT? _____

HAVE YOU DONE ANY RECENT SURGICAL PROCEDURE(S)? Yes () No ()

WHEN? _____

DO YOU HAVE ANY OTHER ILLNESS? _____

IF YES, WHAT? _____

ARE YOU PRESENTLY BEING TREATED BY A DOCTOR &/OR ARE YOU ON PRESCRIPTION MEDICATION? Yes () No ()

If you are on medication, please ensure that you take it along with you and present it to the camp nurse upon your arrival.

Any camper with chronic disabling illness (e.g. Asthma, Sickle Cell Anemia, and Juvenile Diabetes) should be passed medically fit for camp.

SIGNATURE OF HEALTH PERSONNEL

Date _____



DECLARATION

*I hereby declare that I have answered all questions truthfully and agree to abide by all the rules of the camp. I also give authorization to the members of the **National Summer Camp Staff** to refer to any medical institution to administer medical and/or surgical treatment should the need arise while under their care.*

(All campers should be fully immunized).

This authorization is intended to cover immunizations, minor operations/ procedures and any necessary local anesthesia. In the event of a major operation/procedure attempt should be made to contact my Parent/Guardian or another family member before relying upon this authorization. No Medical or Surgical treatment should be rendered without personal consent.

IMPORTANT NOTES

Parents and guardians are advised that we are bound by the regulations of the Child Care and Protection Act

Parents and Campers are asked to adhere the arrival and departure times for each camp. This information will be available in the Camper's Acceptance Letter.

The National Summer Camp is not responsible for transportation arrangements.

Amount enclosed with application _____

I have read and understood the conditions of this application. I declare all information to be true to the best of my knowledge.

Signed _____

(Parent/Guardian)

(If over 18, please sign personally)

PLEASE DO NOT WRITE IN THIS SECTION

Date Received _____

Deposit _____

Balance _____

Signature _____

**National Summer Camp
2017**

THE PLACE OF CHOICE TO BE IN THE
SUMMER 2017

NSC Empowers



*Church of God of Prophecy
6 Phoenix Avenue
Kingston 10
Jamaica*

926 – 8543 / 926-5571
www.cogopjam.org

Youth Blazing for Jesus!

Church of God of Prophecy

National Summer Camp

2017

APPLICATION FORM



**Venue:
South Coast Resort,
May Day, Manchester**