



**Camp Bethel 2021  
Camper Application**

**Camp Bethel Ohio Site**



**Instructions:** The application must be signed by camper and parent or guardian before being admitted to camp. Mail the application before **May 16, 2021**, along with a **\$10.00 non-refundable deposit** to the **Church of God of Prophecy, POB 1010, Reynoldsburg, OH 43068**. Applications received after **May 16, 2021** will be subject to a **\$10.00 late fee**. For information concerning camps, please call 440-823-6943 (Camp Coordinator) or 614-759-6072. The camp site is **Hidden Hollow Campgrounds at 5127 Opossum Run Rd., Bellville, OH 44813**. The phone number at the camp site is **419-892-2007**. Camper applications are accepted without regard to sex, race, color, religion, national origin, or disability, however, **Camp Bethel** reserves the right to deny admission to any camper for whom we feel that we cannot give safe and effective care or to whom we feel unqualified to administer care.

**CAMPER INFORMATION – Please Print Legibly**

First, Middle, Last Name: \_\_\_\_\_ Male  Female  Age \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION – Please Print Legibly**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION – Please Print Legibly (Contact if the parent or guardian is unreachable)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**CHECK-OUT INFORMATION – Campers will not be released to anyone who is not listed on this application**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**REGISTRATION INFORMATION – CHECK-IN BEGINS AT 1PM CHECK-OUT BEGINS AT 10AM**

| TUITION INFORMATION                 |           |            |           |
|-------------------------------------|-----------|------------|-----------|
| <input type="checkbox"/> SR Camp    | Age 14-18 | June 21-26 | \$ 160.00 |
| <input type="checkbox"/> JR Camp    | Age 10-13 | June 21-26 | \$ 160.00 |
| <input type="checkbox"/> Champ Camp | Age 5-9   | June 21-26 | \$ 160.00 |

**SNACK CARD INFORMATION**

**Snack Cards are sold at camp. Please bring money at registration to purchase Snack Cards.**

**RELEASE INFORMATION**

Yes, the camper has my permission to participate in the following activities. *\*If yes, you must sign the release on the following.*  
 Swimming  Horseback Riding  Baptism  Canoe  
 No, the camper does not have my permission to participate in camp sponsored activities.

**PAYMENT INFORMATION – OFFICE USE ONLY**

|                            |   |   |
|----------------------------|---|---|
| Date Received: _____       | Late Fee Due \$ _____                       | <b>Registration Payment Method</b><br><input type="checkbox"/> Check/Money Order # _____<br><input type="checkbox"/> Cash |
| Late Fee Assessed Yes / No | Total Tuition Due at Registration: \$ _____ |   |
| Tuition Due: \$ _____      | Snack Shack Pd at Registration: \$ _____    |   |
| Deposit Received: \$ _____ | Late Fee Pd at Registration: \$ _____       |   |
| Snack Card Pd: \$ _____    | Total Received at Registration: \$ _____    |   |
| Check/Money Order # _____  |   |   |

## INSURANCE AND MEDICAL INFORMATION

**Note: Camp insurance is secondary to your insurance, regardless of insurance coverage. Social Security numbers (SSN) may be needed to be treated by a doctor.**

Camper Has Medical Coverage: (Yes/No) \_\_\_\_\_

Camper's SSN: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's SSN: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

If more than one Ins. Company list: \_\_\_\_\_

Insurance Company Phone Number: (\_\_\_\_) \_\_\_\_\_

Policy /ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Insurance Subscribers Date of Birth: \_\_\_\_\_

Preauthorization Required for Coverage: (Yes/ No) \_\_\_\_\_

Co-Payment Amounts: \_\_\_\_\_

**Note: For campers under 18 years of age, to be medically treated, a parent/guardian signature is required.**

### Check all that apply to the camper:

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergic to Bee Stings |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Bladder Control        |
| <input type="checkbox"/> Tuberculosis  | <input type="checkbox"/> HIV/Aids | <input type="checkbox"/> Sleep Walking          |
| <input type="checkbox"/> Other _____   |                                   |   |

List All Allergies and their reactions: \_\_\_\_\_

List Blood Type: \_\_\_\_\_

List any special limitations: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Phone Number: (\_\_\_\_) \_\_\_\_\_

## PRESCRIPTIONS & MEDICATIONS

**Note: Prescription medications must be in the original bottles from the pharmacy with the camper's name and directions on the labels. All medications must be given to the Camp Medical Director at the time of registration to administer.**

**List the medications the camper will be taking during camp:**

| Medication | Dose  | Time Taken |
|------------|-------|------------|
| _____      | _____ | _____      |
| _____      | _____ | _____      |

## OVER-THE-COUNTER MEDICATIONS

**Note: The camp nurse has the following over-the-counter (non-prescription) medications available during camp.**

**Check the following medications you *DO NOT* want the nurse to administer to the camper if symptoms are present.**

- Tylenol (Acetaminophen)
- Benadryl (Diphenhydramine)
- Advil (Ibuprofen)
- Pepto Bismol
- Imodium AD (Loperamide)
- Cough Syrups, Cough Lozenges, or Throat Sprays
- Antacids such as Rolaids, Tums, or Maalox

## AGREEMENTS AND SIGNATURES

In case of an emergency, I understand that every effort will be made to contact the parent or guardian. In the event that the parent or guardian cannot be reached, I hereby give permission to the camp director, camp nurse, and the physician, selected by the camp, to secure any and all proper medical treatment, to hospitalize, and to order injections, anesthesia, and/or surgery for the camper. I authorize the camper be given medical attention from qualified personnel, both on site and off, should such action be necessary. I understand sickness/illness and pre-existing conditions are not covered by the camp insurance. Therefore, all these expenses are my responsibility and the camp will not be liable for any of the expenses incurred in such cases. I understand that the camp insurance is secondary to my insurance.

I hereby give the camper permission to attend the Ohio/West Virginia Church of God of Prophecy Youth Camp (Camp Bethel). I give my permission for the camper to participate in all activities sponsored by Camp Bethel and waive all claims. I hereby waive, release, and discharge any and all claims, demands, and causes of action against camp officials, the Church of God of Prophecy in West Virginia, the Church of God of Prophecy Ohio, Inc., and the International Offices of the Church of God of Prophecy (Cleveland, TN), their agents, employees, and participants to injury, damage, or loss of property the camper may sustain at Camp Bethel. I hereby affirm that I have read and agree with all information on this application.

I understand there will be photography/video taken throughout the week of Camp Bethel and these may be posted to Facebook, the Camp Bethel website and other social media outlets. If you do not wish for your child to be photographed or videoed, please attach a note stating this request, sign and date it.

I understand that Camp Bethel has a zero tolerance for (camper or staff) with any signs of head lice, including nits that are within 1/4" from the scalp. This policy has been developed to ensure the best overall well-being of our campers and camp staff. The camper will be discreetly screened by camp staff prior to check-in. If lice/nits are discovered the camper will be sent home and will not be allowed to return this camping season. Unfortunately, we have no other recourse, and there are **"NO EXCEPTIONS"**.

I understand that Camp Bethel maintains a high standard for conduct. I understand that cell phones, tobacco, alcohol, illegal drugs, weapons, laser pointers, and fireworks are unacceptable and not allowed. I give my permission for my personal property, brought to camp, to be searched at any time for these and other inappropriate items. I understand that profanity, abusive language, crude jokes, or violent behavior will not be tolerated. I pledge my word of honor to abide by the rules and regulations of Camp Bethel. I understand that campers may be sent home if they break any of the rules and regulations of Camp Bethel.

I certify that all information provided on this application is accurate to the best of my knowledge and ability. I understand that in signing this application I am agreeing to abide by all the policies, rules, and discipline of the administration and staff personnel of Camp Bethel.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We must have a parent or guardian signature if the camper is under 18 years old.

**Camper Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



COVID-19  
CHURCH OF GOD OF PROPHECY  
GENERAL RELEASE OF LIABILITY

CAMPER

I, \_\_\_\_\_ ("Participant") acknowledge the extremely contagious nature of the worldwide pandemic, COVID-19, and that many federal, state, and local governments and health agencies have recommended protocols such as social distancing, temperature checks, and facial coverings. Camp Bethel, NexGen Ministries, and Church of God of Prophecy Ohio, Inc. cannot guarantee I will not become infected with COVID-19. I agree, represent, and warrant that I will not participate in the gathering held on the Camp Bethel premises ("Event"), whether taking place inside or outside the premises, if I 1) experience symptoms of COVID-19, or 2) have a suspected or diagnosed/confirmed case of COVID-19. I agree to notify Camp Bethel immediately if I believe any of the foregoing use restrictions apply. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in the Event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 by participating in the Event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Camp Bethel staff, employees, other contractors, volunteers, and other participants. I agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, I may experience or incur in connection with my participation in the Event. I release and forever hold harmless Camp Bethel, NexGen Ministries, and Church of God of Prophecy Ohio, Inc., its board, directors, officers, employees, agents, contractors and affiliates as well as the Released Parties from the claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree this release includes any claims based on the actions, omissions, negligence or gross negligence of Camp Bethel, NexGen Ministries, and Church of God of Prophecy Ohio, Inc., its board, directors, officers, employees, agents, contractors and affiliates, whether a COVID-19 infection occurs before, during, or after my participation in any Event.

IN WITNESS WHEREOF each party hereto has executed this Waiver by its authorized signatory as of the day, month, and year indicated below, and the Waiver becomes effective upon the date of the last signature hereto. If Participant is a minor (under the age of 18), the signature of parent/guardian, below, is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_