



## Camper Registration Form 2020

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

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Grade (Fall 2020): \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Church Name and City: \_\_\_\_\_

### **Pick-Up**

Please indicate who will be picking up your camper.

\*Note - your child will only be released to whomever is indicated on this form or presents the pick-up card.

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## Camp Attending

Please check the appropriate box to indicate which week of camp your child will be attending. Campers may choose any camp for the school grade they will be completing or going into in the Fall of 2020.

### COGO Camp 2020 Summer Dates

- Senior High Camp—June 13-19..... \$280
- Middle School Camp—June 21-26..... \$280
- Intermediate Camp—June 28-July 3 ..... \$280
- Elementary Camp Partial Week—July 5-7..... \$170
- Elementary Camp Full Week—July 5-10..... \$280

Cabin Mate Request(s):

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#### T-Shirt Size:

**Adult**    Small    Medium    Large    X-Large    XXL

**Child**    Small    Medium    Large

#### Church Information

Name of Church Camper Attends \_\_\_\_\_

Street Address \_\_\_\_\_

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

Church Phone: \_\_\_\_\_

Pastor's Name \_\_\_\_\_

## Emergency and Medical Information

**Camper's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

### Emergency Information

If out of town during camp, phone number to reach parents: \_\_\_\_\_

Please list another contact in the event of an emergency and the parent/guardian cannot be reached:

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

Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Medical Information

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

Phone Number: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Insurance Company\*: \_\_\_\_\_

Primary Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\*Please attach a copy of your child's insurance card to this registration.

Medication being taken by camper (must be in original container): \_\_\_\_\_

*Please note: Our First Aid Staff cannot administer prescription medications without the written permission of parents, guardians, or a physician. Please indicate name of medication, dosage, frequency, the time given including any other information necessary.*

### Allergies (please circle and list all that apply):

Bee Stings      Food \_\_\_\_\_      Medication \_\_\_\_\_      Other \_\_\_\_\_

Is your child subject to any of the following (please circle all that apply)?

Fainting      Sleepwalking      Epileptic Seizures      Convulsive Seizures

What was the date of your child's last Tetanus shot? \_\_\_\_\_

Any other important medical information: \_\_\_\_\_

*Please circle and initial if you give consent for our First Aid Staff to administer any of the following over-the-counter medications to your child while he/she is at camp.*

**For Headaches**      Tylenol (Acetaminophen)      Advil (Ibuprofen)

**For Cough**      Cough Drops      Robitussin

**For Stomachache**      Tums      Pepto Bismol

**Other**    Benadryl (for itching, allergic reaction)      Antibiotic Ointment (for scrapes, cuts, etc.)

\_\_\_\_\_ Parent/Guardian Initials

## Consent and Liability Release

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

Camp Attending \_\_\_\_\_

### Consent and Liability Release

I give consent for the above named campers to engage in the activities of COGO Camp. Included in those activities are (not limited to): swimming, play areas, volleyball, basketball, softball, gaga pit, nine square, low ropes, ninja course, archery (not offered during elementary camp) and a nature center. During the camping season, pictures and video are taken of campers and activities. These photos and/or video may be used for future promotional use. I will not hold COGO Camp, COGO Ministries (Church of God Ohio), Camp Staff or any other individual responsible for injuries incurred while participating in COGO Camp Program.

**In case of medical and/or surgical emergency**, I hereby give permission to the selected physician by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia, X-rays, or surgery for my family member or myself as named above. My signature below is evidence of my understanding of all above information.

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

\_\_\_\_\_  
Date

### Payment and Registration Fee

A minimum of \$50.00, non-refundable deposit, is required to register your camper. Please send a check or money order along with this form made payable to "Ohio Ministries CHOG" and put COGO Camp in the memo along with your camper's name.

### Send registration to:

COGO Camp  
P.O. Box 177  
Marengo, OH 43334

email: [COGOcamp@COGO.church](mailto:COGOcamp@COGO.church)

For office use only:

- Deposit received (date) \_\_\_\_\_  
Check # \_\_\_\_\_
- Paid in full (date) \_\_\_\_\_  
Check # \_\_\_\_\_