

ZION ASSEMBLY CHURCH OF GOD
INTERNATIONAL YOUTH CAMP (IYC)

January 25-27, 2019

Camp Hickory Hills

925 Wilson Hollow Rd - Dickson, TN 37055

***Age Requirement* 12 (ALL ATTENDING MUST BE 12yrs or OLDER)**

Name: _____

Name of the church you attend: _____

Birth date: _____ Email Address: _____

Personal address: _____

City: _____ State: _____ Zip code: _____

Phone #: _____

Parent/Legal Guardian: _____

Emergency Phone # 1: _____

Emergency Phone #2: _____

Cost for retreat: \$55 Deposit: \$25 (due by Jan 5th)

Please make all checks payable to "Zion Assembly Church of God"

Questions?: Call Sis. Kim Erwin at 270-977-6772

**Please mail application
& deposit to:
Kimberly J. Erwin
ATTN: IYC
624 Tallwood Trail NE
Cleveland, TN 37323**

Medical Information

Special diet/food restrictions: Yes () No () * If yes, please specify: _____

Are there any activities that the camper should not participate in? Yes () No () If yes, please specify: _____

Family Physician: _____ Phone #: _____

Does your family have health insurance? Yes () No () * If yes, please attach copy of insurance card.

Please list any medical condition the camp staff need to be aware of and/or comments:

Please list medications that will need to be given at camp:

Medication Name	Dosage	Time to be given	Reason

Any Food or Drug Allergies: Yes () No () *If yes, please specify: _____

Release of Liability:

I understand that if any accident should occur or any sickness, it is my own responsibility. It is understood that Zion Assembly Church of God Youth Camp will not be held liable for any expense in such case. In case of emergency, I understand that EVERY effort will be made to contact parents/guardians listed on application. If I cannot be reached, I hereby give permission to the physician to secure proper treatment, care, even hospitalization for my child as named above. I also understand that ALL medications must be administered by the assigned adult staff member for all campers. Medications must be registered in at time of registration, labeled with camper's name, dosage & time of dispensing.

You will be expected to bring your own bed linens & towels.

***(PACK WARM CLOTHES / COATS / GLOVES / HATS)**

I understand that in signing this application, I am agreeing to abide by all rules, policies and discipline of Zion Assembly and the camp as set forth by the director and staff, and consent to the above stated information and release of liability.

Signature of Parent/Legal Guardian: _____ Date: _____

Printed name of Parent/Legal Guardian: _____

Signature of Adult Staff Member: _____ Date: _____

Printed name of Adult Staff Member: _____

Camper Consent (to be signed by camper)

Along with the leaders and other youth, I _____ agree to conduct myself in a Christian manner. I promise to respect God, respect others, and respect property. I understand that my agreement holds me responsible to these things and the consequences thereof. I am agreeing to abide by all rules, policies, and discipline of the Campground and camp as set forth by the Director and Staff. By signing this covenant, I understand that action will be taken and I am subject to being sent home if I partake in any of the following activities: possession of illegal drugs, non-prescribed medications, alcohol or tobacco products, possession of weapons, disrespect for authority, or any other activity that adult leaders deem as inappropriate. I agree to strive to make each activity the best it can be. **I understand that all cell phones, iPod, and electronic equipment will be signed in at the time of check-in after parents have been notified of safe arrival and only allowed for use in case of emergency.**

Camper Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____

Date: _____

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Please note to pick up your child by 11:00am (Central time) Sunday 27, 2019.

Name of person picking up your child: _____