



2017 AZ SENIOR YOUTH CAMP APPLICATION

For additional applications or to register online please visit, www.ArizonaYouthMinistries.com

(Please Print)

NAME _____ AGE _____ BIRTHDATE _____ SEX _____
ADDRESS _____ CITY _____ ZIP CODE _____
PHONE _____ EMAIL ADDRESS _____

Under doctor's care at present: Yes: _____ No: _____

For: _____

List any current medications: _____

PROVIDE INFORMATION FOR THE FOLLOWING:

Diabetic	Yes__ No__	Can go in water	Yes__ No__
Take thyroid medication	Yes__ No__	Allergies:	Yes__ No__
Epilepsy	Yes__ No__	to Eggs	Yes__ No__
Heart Disease	Yes__ No__	to Tetanus	Yes__ No__
Kidney Disease	Yes__ No__	to Chocolate	Yes__ No__
Take Insulin	Yes__ No__	to Penicillin	Yes__ No__
Take Asthma Drugs	Yes__ No__	other	Yes__ No__
Can Run	Yes__ No__		

This camper may participate in all camp activities and may receive emergency medical treatment. The Camp principal has my permission to sign for Medical Treatment. I affirm the above information to be true, and this camper may participate in all camp activities. I understand the Liability Release Form.

PARENT/GAURDIAN SIGNATURE

CAMPER SIGNATURE

IT IS MANDATORY THAT ALL CAMPERS HAVE THEIR PASTOR'S RECOMMENDATIONS TO ATTEND AND THE PASTOR'S SIGNATURE ON THE REGISTRATION FORM.

This camper is recommended to attend Senior Youth Camp.

PASTOR'S NAME

PASTOR'S SIGNATURE

How long has the camper attended Church? _____

Does Camper have the Holy Ghost? _____

DO NOT WRITE IN THIS SPACE

CAMP FEE \$ _____ DEPOSIT \$ _____ BALANCE \$ _____

ARIZONA DISTRICT OF THE UNITED PENTECOSTAL CHURCH MEDICAL TREATMENT AND LIABILITY RELEASE FORM

It is my desire that I or my child/ward, participate in the activities of Senior Youth Camp therefore:

I, the undersigned parent/guardian of _____(Camper’s Name), do hereby authorize the adult sponsor of AZ Senior Youth Camp or any responsible adult person bearing this written authorization, in to those said care the above mentioned minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed medical doctor or dentist.

It is understood that this authorization is given in advice of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to any and all diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

FINANCIAL RESPOSIBILITY

In the event of injury to myself, or my child/ward I agree that I /We and my health care insurer shall be financially responsible for any medical treatment required by myself, or child/ward as a result of any injury or illness suffered during his/her participation in any Senior Youth Camp related activities.

RISK

I’m aware these activities may involve some hazards. I have considered these risks & I still wish myself, or my child/ward to participate. Furthermore, I agree not to bring legal action against the Arizona District of the U.P.C., staff or sponsors as a result of any injuries suffered in the course of his/her participation.

DISPUTE

In the event a dispute arises between myself and The Arizona District of the U.P.C. concerning injuries to my child/ward, then I agree that a Christian arbitrator acceptable to both sides shall resolve the dispute. The cost of the arbitrator is to be shared equally by the parties. All applicable statutes of limitation shall apply and arbitration must be requested within the appropriate period in order to reserve a right to recovery.

TERM OF AGREEMENT

This authorization will remain in effect while myself, or the minor above is in route to or from or involved or participating in any program or activity authorized by the Arizona District of the U.P.C., unless revoked by the undersigned in writing and delivered to the agent of the Arizona District of the U.P.C.

Date	Signature	Relationship	
Address	City	State	Zip
Phone (Day)	Phone (Night)	Medical Ins. Co.	
Doctor’s Name	Doctor’s Phone	Group Cert. Or I.D.	

CONCERNING OUR APPEARANCE

Please retain this page for your reference. It does not need to be submitted with your application and release form.

TO THE STAFF: ALL THE STAFF MEMBERS WILL:

1. Be born again and church members in good standing.
2. Be responsible leaders with Young people.
3. Will accept all the guidelines set by the District Board.
4. **DRESS CODE:** All Staff Members will be wearing sleeves to the elbow. The dresses of the ladies will be worn so as to cover their knees. Necklines will be modest and decent. Gauchos, skorts, or split skirts above the knees will not be permitted. Tight fitting clothes shall not be worn. No makeup or jewelry (necklaces, earrings, bracelets, etc.) will be allowed. Also, in keeping with the unity of the district, we ask that there be no mustaches or beards.

CAMPERS - CONCERNING OUR APPEARANCE: In keeping with the spirit of the camp the following items will not be allowed:

TO THE BOYS:

1. No Jams or short pants. Sleeves shorter than the elbow length.
2. Derogatory messages of any kind printed on clothing.
3. No Jewelry (rings, necklaces, etc.). Hair on the collar and ears, mustaches, beards, or long sideburns.

TO THE GIRLS:

1. No skirts and slits that come above the knee. Sleeves shorter than elbow length.
2. No shorts or culottes of any kind.
3. Derogatory messages of any kind printed on clothing.
4. No Jewelry (rings, necklaces, etc.). All makeup (eyeliner, lipstick, blush, etc.)

GENERAL CAMP RULES

1. No one is permitted to bring radios, CD players, I-pods, MP3 players, or other such device to camp that would be dangerous or disruptive to the camp. No one is permitted to bring matches, fireworks, knives or guns of any kind or any such device that would be dangerous or disruptive to the camp.
2. All campers commuting to and from the camp are under the responsibility of the parents and guardian.
3. Campers are not allowed to leave the grounds after they have registered. They must remain on the campus until they check out to return home.
4. All campers are expected to be prompt at all meals and meetings unless excused by Youth Camp Officials.
5. All campers are required to attend all classes, chapel, recreational activities, and evening services.
6. Boys are not permitted to enter the area of the girls' dorms, and girls are not permitted to enter the area of the boys' dorms. This also means they shall not enter the area of each other's restrooms and showers.
7. All athletic equipment (personal or camp's) and facilities is under the control of the Recreation Director and may only be used as instructed by the Director.
8. Every camper shall be responsible for his or her own bedding and personal property. All shall give respect to the camp facilities and property of others.
9. Any camper defacing any property or tampering with property of another must pay damages incurred and can be expelled immediately from the campus.
10. Absolute reverence is expected from every camper during chapel, classes, and services. Enter these sessions with the spirit of reverence, and leave as orderly as possible. These services shall be high moments of inspiration and encouragement.
11. Campers are required to stay in their dorms each night. No lights or noise, which disturbs others, will be permitted.
12. All campers, without exception, shall have an assigned bed in a supervised dorm. All enrolled students will be required to sleep in the dorm.
13. In the interest of protecting the privacy of each camper, image technology (still and video) shall not be used as such in bathrooms, showers, and dorm areas. Failure to comply with this policy will result in the confiscation of said devices till the end of camp and deletion of the content of said devices. All cell phones and such devices must be turned into the counselor. Should a camper need to use such device, he/she may check it out from the counselor and use under supervision.
14. The campus will be closed during the day services. All visitors to the evening services must register and submit a fee according to the camp charges. Visitors will abide by camp guidelines and be subject to the camp staff at all times. All visitors, within the camper's age category (13-25), must submit a visitor's registration form signed by his/her pastor. Exceptions are as follows: Pastors and their spouse.

AZ DISTRICT SENIOR YOUTH CAMP INFO

Camp Shadow Pines

Heber, AZ
June 19th - June 23rd, 2017

CHECK IN TIME

Monday, June 19th - 2:00 p.m.

CHECK OUT TIME

Friday, June 23rd - 11:00 a.m.

*These times must be strictly adhered to per
Camp Shadow Pines policy*

AGES 13-25

There will be no exceptions to this age span.
Age will be determined by the camper's age during the month of June.

**THIS CAMP IS FOR THE FELLOWSHIP AND DEVELOPMENT OF SINGLE YOUNG
PEOPLE WHO ARE NOT PARENTS AND WHO HAVE NEVER BEEN MARRIED.**

CAMP FEE IS \$165.00 (Pre-Registered)

\$180.00 Fee for those who do not Pre-Register
(There will be no prorating of fee for those attending a partial week.)

***Mail Registration Fee of \$50.00 deposit
and application by June 7th to pre-register.***

Send to:
ARIZONA YOUTH MINISTRIES
P.O. BOX 1354
HIGLEY, AZ 85236