

# 2019 CAMPER APPLICATION

ALL AREAS MUST BE FILLED OUT & SIGNED, OR APP WILL BE RETURNED!

**MAIL TO:**  
Camp Agape  
1030 East McIver Road  
Darlington SC 29532  
**Online Applications:**  
[www.campagapesc.org](http://www.campagapesc.org)

## Camp

Senior Camp (Ages 15-18)  
Junior Camp (Ages 12-14)  
Freshman Camp (Ages 9-11)  
Short Stuff Camp (Ages 5-8)

## Dates

June 10-15  
June 23-28  
June 30-July 5  
June 16-19

## Early Bird\*

\$135  
 \$135  
 \$135  
 \$110

## After April 30

\$145  
 \$145  
 \$145  
 \$120

Go to [campagapesc.org](http://campagapesc.org) for more camp information.

## Payment Information

Please pay full tuition if possible. In the event, the applicant is unable to attend camp, tuition (\$10.00 deposit non-refundable) is refundable or transferable.

Application must be accompanied by a minimum \$10.00 non-refundable deposit (Money Order, Cashier's Check, Visa/MasterCard, or Church Check. No personal checks accepted.)

Camp Registration Amount:  \$10.00 Deposit or  Pay Full Registration \$ \_\_\_\_\_

Number Snack Cards: \_\_\_\_\_ X \$5/card = \$ \_\_\_\_\_ Total to be charged today: \$ \_\_\_\_\_

Payment made by: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV# (last 3 # on back of card): \_\_\_\_\_

Name on Card: \_\_\_\_\_ Exp date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ (Office only/Processed: \_\_\_\_\_)

## CAMPER:

First Name: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ GENDER: \_\_\_\_\_ RACE: \_\_\_\_\_

CAMPER SHIRT SIZE: ( *CHILD/YOUTH* SMALL, MEDIUM, LARGE ) ( *ADULT* SMALL, MEDIUM, LARGE, XL, 2XL, 3XL, 4XL )

CAMPER EMAIL: \_\_\_\_\_

CAMPER MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

SCHOOL LUNCH: FREE , REDUCED, FULL PRICE ANNUAL INCOME (FOR CA GRANT PURPOSES ONLY) \_\_\_\_\_

## PARENT OR GARDIAN & EMERGENCY CONTACT:

First Name: \_\_\_\_\_ Last NAME: \_\_\_\_\_

RELATION TO CAMPER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS (YOUR CAMPER CONFORMATION WILL COME VIA EMAIL. PLEASE CHECK YOUR SPAM ACCOUNT IF YOU DO NOT RECEIVE AN EMAIL) WORKING EMAIL ADDRESS : \_\_\_\_\_@\_\_\_\_\_.

NAME OF CAMPERS CHURCH:	PASTOR:
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**PARENTAL PERMISSION:**

1. Camper has my permission to be baptized; if they choose to while they are at camp.

(Often during the camping experience campers who say no when filling out the application change their mind and want to be baptized. checking no on this sections means your camper does not for any reason have your permission to be baptized)

CIRCLE: YES NO

2. Camper has my permission to swim.

( ALL campers are required to pass a swim test given by a certified lifeguard and are issued an armband before they are allowed to swim in the deep end of the pool)

CIRCLE: YES NO

If your camper needs sunscreen or other swim devices, please send them to camp with your child and list the items below.

**HEALTH INFORMATION:**

1. Please list any Medical Health Issues:

2. Medications Currently Taking:

3. Allergies to MEDICATION:

4. Allergies to NATURE:

5: Allergies to FOOD:

6: SPECIAL NEEDS:

We welcome ALL children to Camp Agape, and we want to understand how to serve all camper needs. If your child has an IEP (individual education plan) BIP ( Behavioral Intervention Plan) 504 ( American's with Disabilities Act plan) or other special requirements or accommodations in school or at home PLEASE list them below, so we can best serve and meet the needs of your camper.

7. DATE OF LAST TETANUS SHOT: \_\_\_/\_\_\_/\_\_\_

**HEALTH INSURANCE:**

Do you have health insurance? Yes  No

YOU MUST PROVIDE your insurance information below and bring a copy of the insurance card to camp.

Name of Insurance Company: \_\_\_\_\_

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

In the event of an accident, injury, sickness, or any medical emergency, I understand that reasonable effort will be made to contact me, the camper's parent/guardian, or other person indicated above. If I cannot be reached, I give my permission to the camp administration and physician selected to secure proper treatment, to hospitalize, to order injection, anesthesia, and surgery for my child. I also understand that MY medical insurance will be given and billed by the hospital & doctors. Camp Agape will not be liable for the counter medications (Aspirin, Tylenol, Pepto Bismol, etc.) to my child except for any medication listed above. I must send all medications my child takes to camp with my child. I ACCEPT RESPONSIBILITY FOR AND AGREE TO FINANCIALLY REIMBURSE FOR ANY DAMAGE MY CHILD MAY CAUSE TO CAMP PROPERTY.

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

### **Photo Release**

By entering Camp Agape and participating in the activities, I hereby grant Camp Agape on behalf of myself and on behalf of my child, the irrevocable right and permission to photograph and/or record me or my child relating to Camp Agape and to use the photograph and/or recording for all purposes, including advertising and promotional purposes, in any manner and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the photograph and recording, and acknowledge and agree that the rights granted to this release are without compensation of any kind.

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

### **CAMPER COMMITMENT**

I understand and am willing to abide by and respect all camp rules, including the dress code. I understand that failure to abide by the rules and discipline of Camp Agape and the camp staff, will forfeit my experience as a camper and I will be asked to leave the camp. I understand that NO weapons, cell phones, CD's, DVD's, handheld video games, e-cigarettes, tobacco, alcohol or drugs in any form will be allowed.

Camper Signature\_\_\_\_\_

### **CHECK OUT INFORMATION**

For the safety of all campers, a photo ID is required before campers are released. For the Camper's protection, please list anyone to whom they are NOT to be released and the relationship to the camper.

\_\_\_\_\_

### **All campers and staff are asked to:**

Rule 1: Be where you need to be and when you need to be there

Rule 2: Move as a group and not as an individual

Rule 3: Be teachable, flexible, compliant, and respectful

Thank you again for allowing Camp Agape to serve your family this summer.

In HIS service,

*Mandy*

Amanda L. McLaughlin, OM, MSW  
Camp Agape' Program Coordinator  
843-617-5318 Cell

Revised 7/18