

**MAIL TO**

STAFF  YOUTH / CHAPERON

Please only mark "STAFF" if you were asked to work MOMENTUM by directors.

**Make Check/Money Order To:**  
Church of God of Prophecy  
**Mail Application & Payment to:**  
Tennessee Church of God of Prophecy  
Att: MOMENTUM  
P.O. Box 2319 • Hendersonville, TN 37077

# MOMENTUM

Galatians 4:7 **APRIL 21ST - 23RD, 2017**

**Local Church Name:** (Ex. Crossroads COGOP)

**PLEASE FILL OUT ENTIRE APPLICATION**

**Applications for minors must be filled out and signed by a parent or guardian with legal custody.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

Day Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Circle Gender: M or F \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_ Legal Custody? Yes  No

Father/Grandfather/Legal Guardian \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Legal Custody? Yes  No

Mother/Grandmother/Legal Guardian \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**T-SHIRTS ARE FREE IF PRE-REGISTERED BY 4/07 WITH \$10 DEPOSIT. SIZE MUST BE MARKED BELOW TO RESERVE SHIRT.**

**CIRCLE T-SHIRT SIZE:** YS YM YL  
S M L XL 2XL 3XL

**Names of persons (other than parents) to whom minor may be released.**

(For safety reasons camper may not be released to anyone other than those listed below)

1. NAME \_\_\_\_\_ PHONE# \_\_\_\_\_ 2. NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

**Medical Data** - Please note any health issues or Allergies (Make notes on back if you need more space)

Please write any recent operations, special needs (including dietary) or physical limitations: \_\_\_\_\_

Medications taken on a regular basis: \_\_\_\_\_

(Note: Nurse does not collect medications at weekend retreats. Camper is responsible for medication.)

**Emergency Information:**

Insurance Company: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

If parents cannot be reached in an emergency situation please notify:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**Medical Consent:**

In the case of an emergency, I understand that every effort will be made to contact me (parent/guardian). In the event I cannot be reached, I hereby give my permission to the MOMENTUM director or MOMENTUM staff and physician selected, to secure proper treatment for, to hospitalize, and to order injection, anesthesia, and/or surgery for the camper. I understand that if any accident or sickness should occur which is not covered by camp insurance, it is my responsibility and the camp will not be liable for any of the expenses incurred in such cases. Signature of Consent: \_\_\_\_\_

**Parent/Guardian | Youth (If over 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Statement of Certification and Understanding & Media Release**

I certify that all the information provided on this application is accurate to the best of my knowledge. I understand that, in signing this application, I am agreeing to abide by all the policies and discipline of the MOMENTUM retreat sponsored by the Church of God of Prophecy, its administration, staff, and personnel. Any conduct incompatible, inconsistent or conflicting with the mission of the MOMENTUM Retreat as a Christian retreat will constitute reason or cause for dismissal from the retreat and/or the decision to refuse acceptance to future retreats. I also understand there will be photography /video taken throughout the weekend and these images may be posted to Facebook on the Camp Hickory Hills Facebook page or other social media outlets. If you do not wish for your child to be in videos or photos, please attach a note stating this request, sign and date it.

**Parent/Guardian | Youth (If over 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>Payment Information</b></p> <p>Please indicate amount enclosed \$ _____</p> <p><b>PRE-REGISTRATION</b> (Post marked by April 7th) - <b>\$50.00</b> After April 7th &amp; Walk-Ins <b>LATE REGISTRATION</b> - <b>\$55.00</b></p> <p>Please pay in full if possible. Application must be accompanied by a <b>minimum \$10.00</b> non-refundable (only transferable) deposit to ensure placement. Do not send cash!</p>	<p><b>Office Use Only</b></p> <p>Date Received: _____ Date of Response: _____</p> <p>Check# _____ Check# _____</p> <p>Cash: _____ Money Order # _____</p> <p>Other Fees: _____ Return Ck# _____</p> <p>Rate: _____ Less Deposit Rcv'd _____</p> <p><b>Balance:</b> _____</p>
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