



APPLICATION

Staff Youth Chaperon
PLEASE CHECK ONE

MAIL TO

Make Check/Money Order To:

Church of God of Prophecy

Mail Application & Payment to:

Tennessee Church of God of Prophecy - Att: Get REAL
P.O. Box 2319 • Hendersonville, TN 37077-2319

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

Last Name _____		First Name _____	Name _____	Legal Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address _____		Apt # _____	Father/Grandfather/Legal Guardian _____		
City, State, Zip _____		Day Phone _____	Cell Phone _____	Legal Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day Phone _____	Cell Phone _____		Mother/Grandmother/Legal Guardian _____		
Date of Birth _____	Present Age _____	Gender M or F _____	Day Phone _____	Cell Phone _____	
Email Address _____					

Circle Shirt Size: YS YM YL S M L XL 2XL 3XL
* **Must have application in by preregistration deadline to get a t-shirt**

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. They must be 18 years or older.)

1. _____	2. _____
NAME PHONE#	NAME PHONE#

Medical Data - Please circle any of the following conditions that are applicable.

- | | | |
|---------------------------------|-------------|------------------------|
| Rheumatic Fever | Convulsions | Kidney trouble |
| Tuberculosis | Fainting | Heart Trouble |
| Sugar diabetes | Asthma | Sleepwalking |
| Serious ivy/oak/sumac poisoning | ADD/ADHD | Recent Serious Illness |

Allergic reactions to:

Bee/Wasp Stings
Penicillin
Food / Other: _____

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

Medications taken on a regular basis: _____

(Note: All medications must be administered by camp medical personnel who will be present at registration to collect medications.)

Blood Type: _____ Most recent tetanus shot: _____

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 Get Real Girl's Retreat director or Get Real Girl's Retreat 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 | Camper (If over 18): _____ Date: _____

Statement of Certification and Understanding

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 Get Real Girl's Retreat 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 Get Real Girl's 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.

Parent/Guardian | Camper (If over 18): _____ Date: _____

Payment Information	Office Use Only
Please indicate amount enclosed \$ _____	Date Received: _____ Date of Response: _____
PRE-REGISTRATION (Post marked by March 2nd) - \$50.00	Check# _____ Check# _____
After March 2nd & Walk-Ins LATE REGISTRATION - \$55.00	Cash: _____ Money Order # _____
Please pay in full if possible. Application must be accompanied by a minimum \$10.00 non-refundable (only transferable) deposit to ensure placement. Do not send cash!	Other Fees: _____ Return Ck# _____
	Rate: _____ Less Deposit Rcv'd _____
	Balance: _____