

☐ 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

ast Name First Name		Name	Name		Yes No
Address		Apt#	Father/Grandfather/Legal Guardian Day Phone	Cell Phone	
City, State, Zip					Legal Custody? Yes No
Day Phone Cell Phone			Name Mother/Grandmother/Legal Guardian		
Day Phone	Cell	Phone	- Day Phone Cell Phone		
Date of Birth	Present Age	Gender M or F			
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		
		nts) to whom minor may be release other than those listed below. They must be 18 years or o			
1		PHONE#	. NAME	PHONE#	
Medical Data - Please circ	:le any of the follow	ing conditions that are applicable.			
Rheumatic Fever		Convulsions	Kidney trouble	Allergic reactions to:	
Tuberculosis		Fainting	Heart Trouble	Bee/Wasp Stings	
Sugar diabetes		Asthma	Sleepwalking	Penicillin	
Serious ivy/oak/sumac p	ooisoning	ADD/ADHD	Recent Serious Illness	Food / Other:	
(Note: All medications must be	e administered by c	amp medical personnel who will be present at		.)	
			Insurance ID#:		
Insurance Company:					
If parents cannot be reache Name:	ed in an emergend	cy situation please notify:	Phone: ()	Cell: ()	
If parents cannot be reache Name: Medical Consent: In the case of an emergency, I und Retreat staff and physician selected by camp insurance, it is my respon:	lerstand that every effo I, to secure proper treat sibility and the camp w	cy situation please notify: rt will be made to contact me (parent/guardian). In ti ment for, to hospitalize, and to order injection, anesti vill not be liable for any of the expenses incurred in s	ne event I cannot be reached, I hereby g lesia, and/or surgery for the camper. I un	ive my permission to the Get Real Girl's Retreat	director or Get Real Gir ccur which is not cover
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