IMPACT CENTRAL REGISTRATION FORM

DORM WORKER: 1 CAMP - $130.00 | 2 CAMPS - $240.00
PETTET LODGE WORKER: 1 CAMP - $160.00 | 2 CAMPS - $300.00
IMPACT INTERN: 1 CAMP - $130.00 | 2 CAMPS - $240.00
PETTET LODGE NON-WORKER: $200.00 PER CAMP & PER PERSON
REGISTRATION DEADLINE: JULY 13, 2025

WORKER & INTERN INFORMATION

Full Legal Name (First, Middle, Last):_____

Camper type: ☐ Intern ☐ Dorm Worker ☐ Pettet Lodge Worker ☐ Pettet Lodge Non-Worker

Gender: M____/F____ **Date of Birth:___/___/_____** **Age:_____** **Phone Number:**_____

Camp(s) attending: ☐ Teen Camp (7/27 - 7/31) ☐ Kids Camp (7/31 - 8/3) ☐ Both camps (7/27 - 8/3)

Skills/Desired Position:_____

Shirt size: ☐ S ☐ M ☐ LG ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

Mailing Address:_____

E-Mail:_____

Home Church:_____ **Lead Pastor:**_____

EMERGENCY CONTACT DETAILS

1) Contact Name & Relation:_____ **Number:**_____

2) Contact Name & Relation:_____ **Number:**_____

ADDITIONAL SIGNATURES & REQUIRED INITIALS

I agree and understand all rules/regulations that are included within this packet of camp information.
By initialing, I am agreeing to comply fully with them and to cooperate with camp administration.
Worker/Intern Initials: _____
***Any campers not willing to conform to all rules/regulations are subject to being sent home.**
By initialing, the parent/legal guardian agrees to bear all responsibility in cost of picking up camper and no refund of any remaining time will be granted.
Worker/Intern Initials: _____
I hereby, waive any and all claims against the PCG Central District, The Pentecostal Church of God, or any of its District Board, or its representatives, because of injury, or other damage that may be incurred to me or my personal property in connection with, or incident to, the Pentecostal Church of God. I understand that accidental medical insurance (Secondary) is provided in the camp cost, but that any personal medical insurance coverage information provided on this form is Primary. Rules of acceptance and participation in the program are the same for everyone without regard to race, color, national origin, age, sex or handicap. I also give Central District the right to use my picture, voice, and/or any testimony in any form of promotional or advertising materials. My enclosed signature signifies my approval of all limitations listed above.

Worker/Intern Signature:_____ **Date:**_____

Pastor Signature:_____ **Date:**_____

CAMP RULES AND REGULATIONS

The 'Camp Rules and Regulations' for IMPACT YTH have been established for the protective benefit of every person in attendance. In order to have a safe, fun, life-changing camp, and promote a wholesome camp atmosphere, all persons are expected to observe habits of personal courtesy and Christ-like conduct while adhering to the following:

1. Campers and interns will obey any instructions given to them by any camp directors, leaders, and dorm parents.
2. Respect is to be given to camp staff as well as to each other at all times.
3. **All** campers, interns, and workers must register and check-in upon arrival and check-out upon dismissal.
4. No one, including camp workers, are permitted to being inside cars, drive, or leave the campground without permission from the camp director. Cars driven to camp will be parked on the campground upon check-in and will not be driven again until check-out.
5. Possession/use of any forms of explosives, weapons, pornography, drugs, alcohol or tobacco is absolutely prohibited at all times during camp.
6. Willful destruction of personal or camp property will not be tolerated. Parents will be held responsible for any damage.
7. Close physical contact, such as public and private displays of affection, is not allowed (including same sex).
8. No fighting, scuffing, profanity/vulgar language or signs will be tolerated.
9. One person per bed at all times. Under no circumstances should a camper, worker, intern, or dorm parent share a bed with another person.
10. No boys in girl's dorms or girls in boy's dorms.
11. Pranking of any kind will not be tolerated.
12. Campers are not allowed to have food (including gum) or drinks (excluding water) in the Upper Room or break-out rooms.
13. The daily schedule is to be followed. Camper and intern attendance is required at all designated services, classes, and activities.
14. Swimming is only allowed in the pool during scheduled times and under lifeguard supervision. 'Skinny dipping' or sneaking into the pool is absolutely prohibited.
15. All workers, staff, and interns are authorized to maintain order anywhere on the campground.
16. Campers are not allowed in the dorms alone. Campers must be accompanied by a dorm parent.
17. Campers are not allowed to enter another dorm unless given permission by said dorm parent(s).
18. Once security announces, "Lights out!" all dorm parents and their assigned campers must return to their dorm quietly and settle in for the evening. No campers are allowed outside after lights out.
19. Any camper who becomes ill/injured or is made aware of another camper ill/injured is to report to their dorm parent or another worker immediately.
20. Campers and interns are not allowed electronics of ANY kind, (unless for medical reasons) - including cell phones, tablets, etc. If any electronic is found in your possession, it will be confiscated and returned to you at check-out.
21. Dorm parents and workers are allowed cell phones in case of emergencies or if calls need to be made home. Otherwise, phones are not to be shared with Interns or campers. Dorm parents are also allowed one radio, if desired, to play christian music only.
22. We do not recommend bringing any expensive items or jewelry that could get lost, damaged, or stolen. Any 'Lost & Found' items will be held for one week at the PCG CD Office.
23. All Campers, interns, and workers must be dressed modestly and in compliance with the following camp dress code before exiting the dorms:
    - Shorts and tank tops may be worn during all daily activities and classes, but the length of shorts must be at least to your longest fingertip on the side, and tank top straps must be at least 3 finger-widths wide.
    - Wear your 'Sunday Best' for the evening services, no shorts for boys or girls. Skirts and dresses must be knee-length. Any shorter and you may be asked to wear shorts (with length noted above) underneath.
    - Modest swimwear: girls - one-pieces recommended. If your swimsuit is deemed too revealing, you may be asked to wear a dark-colored shirt over the swimsuit. Boys - swim trunks at least longest fingertip length.
    - No sagging or inappropriate sayings, slogans, or logos on any clothing or accessories.
    - No crop-tops or anything exposing your stomach.

IMPACT CENTRAL DISTRICT WORKER QUESTIONAIRRE & BACKGROUND CHECK

APPLICANT WORKER QUESTIONAIRRE

PLEASE ANSWER ALL QUESTIONS

1. Have you accepted Jesus Christ as your Lord and Savior? **YES____ OR NO____**
2. Have you ever been convicted or pled guilty to a criminal offense? **YES____ OR NO____**

If yes, please explain:_____

3. Have you ever been involved with child molestation, indecent exposure, or any other sexual-related crimes **as an adult**? **YES____ OR NO____**

If yes, please explain:_____

4. Please mark if you currently struggle with any of the following:

_____Anger
_____Greed
_____Insobriety (alcohol, illegal drugs, prescription drugs, etc.)
_____Sexual Immorality (pedophilia, pornography, homosexuality, etc.)
_____Tobacco use

5. By signing this form, I acknowledge that I have read, understand, and will abide by the YTH Camp Worker and Intern Policy Manual. This includes **ALL** Camp Rules, Protocols, Disciplinary Guidelines, Child Abuse Policy, Sexual Conduct Policy, First Aid, Emergency Procedures, Disease Transmission Prevention, and the Exposure Control Policy.

APPLICANT INFORMATION

Full Legal Name (First, Middle, Last):_____

Date of Birth: ____/____/_____ **Social Security Number:**_____

Address:_____

Driver's License Number:_____ **State:**_____ **Expiration Date:**_____

***** PLEASE ATTACH A COPY OF YOUR PHOTO I.D. TO THIS FORM. ALTERNATIVELY, A COPY WILL BE MADE UPON CHECK-IN AT CAMP. *****

By signing this form, I give permission to the Pentecostal Church of God, Central District and/or any of it's Board Representatives to retrieve any information from law enforcement, agencies, and church leaders relating to instances associated to my acceptance as a volunteer worker with the Pentecostal Church of God, Central District. Nature of information to be disclosed Includes, but is not limited to:

1. **Homicides**
2. **Sex Crimes**
3. **Theft and Burglary**
4. **Arson**
5. **Child Abuse/Spousal Abuse**
6. **Obscene phone calls or Harassment**

Applicant Signature:_____ **Date:**_____

PCG OFFICE USE ONLY:

Agency:_____

Address:_____

Person making request:_____

Notable findings:_____

MEDICAL FORMS

CAMPER INFORMATION

NAME:_____ AGE:_____ D.O.B.:___/___/_____

PARENT/GUARDIAN:_____
PRINT SIGNATURE

EMERGENCY POINT OF CONTACT PROTOCOL

IN THE EVENT OF AN EMERGENCY, WE WILL CONTACT THE PARENT/LEGAL GUARDIAN'S NUMBER ON FILE IMMEDIATELY. IF WE ARE UNABLE TO REACH YOU, OR IF THE INJURED IS AN ADULT, WE WILL CONTACT THE LISTED EMERGENCY CONTACTS IN THE ORDER PROVIDED ON THE REGISTRATION FORM.

INSURANCE AND MEDICAL PROVIDER INFORMATION

INSURANCE PROVIDER:_____ NAME OF PRACTICE:_____

POLICY HOLDER:_____ PHYSICIAN'S NAME:_____

ID NUMBER:_____ PRACTICE PHONE:_____

GROUP NUMBER:_____ PERMISSION TO CONTACT? ☐ YES ☐ NO

MEDICAL HISTORY

IMMUNIZATIONS: ARE IMMUNIZATIONS CURRENT? ☐ YES ☐ NO

DATE OF LAST TETANUS SHOT:___/___/_____

DOES THE CAMPER HAVE OR EVER HAS HAD ANY OF THE FOLLOWING:

_____ALLERGIES
_____ASTHMA
_____DIABETES
_____BACK PROBLEMS
_____CLOTTING OR BLEEDING DISORDERS
_____CHEST PAIN/DIZZINESS/PASSING OUT
_____HEART MURMUR
_____GLASSES/CONTACTS
_____HIGH BLOOD PRESSURE
_____JOINT PROBLEMS (ANKLES, KNEES)
_____CONCUSSIONS
_____IMMUNODEFICIENCY
_____SKIN PROBLEMS (ITCHING, RASH)
_____MONO (LAST 12 MONTHS)
_____LICE – LAST DATE:___/___/_____
_____ATTENTION DEFICIT DISORDER (ADD OR ADHD)
_____DEPRESSION
_____EATING DISORDER
_____SUBSTANCE ABUSE
_____LEARNING OR PROCESSING CHALLENGED
_____OBSESSIVE-COMPULSIVE DISORDER
_____PANIC/ANXIETY DISORDER
_____OTHER MENTAL, EMOTIONAL, OR SOCIAL HEALTH ISSUE
_____OTHER PHYSICAL/MENTAL LIMITATIONS

IF YOU HAVE CHECKED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

_____

MEDICATIONS (FROM HOME)

DOES THE CAMPER TAKE ANY MEDICATIONS? ☐ YES ☐ NO

NAME OF MEDICATION	DOSAGE	TIME ADMINISTERED	REASON

MEDICAL FORMS CONTINUED

MEDICATIONS (FROM HOME) CONTINUED

ALL PRESCRIPTION MEDICATION MUST BE IN THE ORIGINAL BOTTLE, BROUGHT IN A ZIPLOC BAG, AND LABELED WITH THE CAMPER'S NAME.
ALL MEDICATIONS MUST BE CHECKED IN WITH CAMP NURSE UPON ARRIVAL/CHECK-IN.
MEDICATIONS OF ANY KIND ARE NOT ALLOWED TO BE KEPT IN A TEEN OR KID CAMPER'S POSSESSION.

AVAILABLE CAMPGROUND OVER-THE-COUNTER MEDICATIONS

NON-PRESCRIPTION MEDICATIONS ARE STOCKED AND KEPT WITH THE CAMP NURSE. THESE OVER-THE-COUNTER MEDICATIONS ARE USED ON AN AS NEEDED BASIS AND WITH THE NURSE'S BEST MEDICAL JUDGEMENT, TO MANAGE/TREAT ILLNESS AND/OR INJURY.

THE FOLLOWING IS INVENTORY OF ALL OVER THE COUNTER MEDICATIONS AVAILABLE AT THE CAMP NURSE'S STATION:

ACETAMINOPHEN (TYLENOL), CALAMINE LOTION, IBUPROFEN (ADVIL, MOTRIN), BISMUTH SUBSALICYLATE (PEPTO-BISMOL), CLARITIN, ZYRTEC AND OR ALLEGRA, HYDROCORTISONE 1% CREAM, ROBITUSSIN, TOPICAL ANTIBIOTIC CREAM (NEOSPORIN), DIPHENHYDRAMINE (BENADRYL), ALOE VERA, GENERIC COUGH DROPS, CHLORASEPTIC (SORE THROAT SPRAY)

DO YOU GIVE THE CAMP NURSE PERMISSION TO TREAT YOU/YOUR CHILD WITH THE MEDICATIONS LISTED ABOVE? ☐ **YES** ☐ **NO**

PLEASE LIST ANY MEDICATIONS *WE CAN NOT* GIVE TO YOU/YOUR CHILD:

_____