IMPACT CENTRAL REGISTRATION FORM

TEEN CAMP: JULY 27TH-JULY 31ST, 2025 | $160.00
KIDS CAMP: JULY 31ST - AUG 3RD, 2025 | $160.00
LOCATION: 901 LAKE MAURER RD, EXCELSIOR SPRINGS, MO 64024
REGISTRATION DEADLINE: JULY 13, 2025

CAMPER INFORMATION

Full Name (First, Middle, Last):_____

Gender: ☐ Male ☐ Female **Date of Birth:**___/___/_____ **Age:**_____

Camper (select one): ☐ Teen Camp (6th- 12th grade) ☐ Kids Camp (1st- 5th grade)

Shirt size: *Youth ☐ S ☐ M ☐ LG *Adult ☐ S ☐ M ☐ LG ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

Mailing Address:_____

Phone Number:_____ ***In the event of emergency, this number will be contacted first.***

E-Mail:_____

Parent/Legal Guardian:_____

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.

Camper 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.

Parent/Legal Guardian 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.

Camper Signature:_____ **Date:**_____

Parent 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 ACTIVITY WAIVER AND PHOTO RELEASE FORM

Minor's Legal Name (print) _____
(Collectively referred to as "Minor") wishes to participate in the following activities and gives permission to use photographs taken during the activities listed for any legal, advertisement, or social media sponsored by IMPACT YTH PCG (Pentecostal Church of God), CD (Central District).

Below are all listed camp activities:
Gellyball (teens only), dodgeball, basketball, volleyball, zipline, laser tag, kick ball, 9 square, gaga ball, relay race, obstacle course, trail hike, water wars, night strike, after glow (teens only - glow party), foam party, baseball, football, soccer, movie night (rated G-PG), gaming, canoeing, fishing, paddle boating, playground/swing set, swimming pool

1. **Do you give permission for 'Minor" to participate in activities listed above? YES____ OR NO_____**

2. **Please indicate which activities above you ***DO NOT*** authorize 'Minor' to participate in:**

IMPACT YTH PCG, CD and the undersigned Parent/Legal guardian of Minor agree that the activities may pose risks, including possible illness, injury, as well as similar and dissimilar risks. The undersigned is fully aware of the risks and other hazards inherent in the activities and is participating in the activity voluntarily and assumes the risks and all other risks of loss, damage, or injury that may be sustained while participating in the activity.
IMPACT YTH PCG, CD makes no representations or claims as to the condition or safety of the land, structures, transportation, or surroundings that may be involved in the activities, whether or not owned, leased, operated, or maintained by IMPACT YTH PCG, CD. It is understood that IMPACT YTH PCG, CD does NOT provide any insurance coverage for the Minor's persons or property, and Minor's Parent(s) or Guardian(s) acknowledge that they are responsible for the Minor's safety and the Minor's own healthcare needs, and for the protection of the Minor's property.
In exchange for allowing the following Minor to participate in these IMPACT YTH PCG, CD activities, the Minor, by and through the undersigned, the undersigned, and their respective heirs, personal representatives and estates agree(s) to release from liability and hold harmless IMPACT YTH, PCG CD and any agent, officer, or employee of the IMPACT YTH PCG, CD acting within the scope of their duties for any injury to the Minor's person or damage to the Minor's property. I authorize IMPACT YTH PCG, CD to take any action, including seeking medical care, necessary in its judgement if I am not present or reachable in the event of an emergency. The undersigned acknowledges that as a part of this release he or she will be 100% liable to pay for all medical expenses resulting or to result from any injury incurred during, or as a result of, participation in activities.
If any term of this agreement or the application to any person or circumstance shall, to any extent, be invalid or unenforceable, the remainder shall not be affected thereby, and each and every remaining term of this agreement shall be valid and enforced to the fullest extent permitted by law. In the event of any need to enforce this agreement, IMPACT YTH PCG, CD shall be entitled to its attorney fee and cost. This agreement will be governed by Missouri law.
I, the undersigned, state that I am the Parent or Legal Guardian of the Minor. I have fully read and understand the above terms and conditions and that they apply to said Minor and to myself, and that no oral representations, statements, or inducements apart from the foregoing written agreement have been made to the undersigned. This document is binding on myself, the said Minor, and any person suing on behalf of said Minor.

Parent/Legal Guardian Name (please print): _____
Address: _____
Signature: _____ Date: _____

MEDICAL FORMS

All medical forms (pages 3-4) must be fully completed. For campers aged 17 and under, forms must be filled out by the camper's legal guardian and notarized.

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:

_____

NOTARY

***CAMP FORMS MUST BE NOTARIZED AND COMPLETED PRIOR TO CHECK-IN**

IN THE EVENT OF SICKNESS OR ACCIDENT, I HEREBY GIVE MY PARENTAL/LEGAL CONSENT TO THE LICENSED PHYSICIAN SELECTED BY THE CENTRAL DISTRICT YOUTH DIRECTOR, HIS WIFE, OR CAMP STAFF, TO HOSPITALIZE, SECURE PROPER TREATMENT, ANESTHESIA, AND/OR SURGERY FOR MYSELF, SON, OR DAUGHTER NAMED ABOVE. I UNDERSTAND THAT MY INSURANCE WILL BE BILLED AS PRIMARY INSURANCE AND THE PCG CENTRAL DISTRICT INSURANCE IS SECONDARY.

DATE:___/___/_____

THE ABOVE-MENTIONED PERSONS OR THEIR LEGAL GUARDIAN HAS SIGNED THIS AGREEMENT BEFORE ME THIS DAY.

COUNTY OF:_____ STATE OF:_____

NOTARY SIGNATURE:_____ Date:___/___/_____

PARENT/LEGAL GUARDIAN SIGNATURE:_____ Date:___/___/_____

Seal of notary