

Camper Registration and Parental Consent Form

Name _____ Male Female
Address: _____ City _____ Zip _____
Contact Phone _____ Birth Date ____/____/____ Age _____
Church _____
Name of ONE friend I would like to bunk with at camp: _____

ATTENTION KIDS' KAMP WORKER: Make a copy of each child's form,
to have with you as you travel to/from camp.

Attendance Consent: I, _____, parent or guardian of
_____ request that the above named child be permitted to attend
Kids' Kamp on June 27-29, 2025.

NOTE: Kids' Kamp is intended for children ages 7 to 11.

Emergency Treatment Consent:

I agree and consent to having the staff members and/or counselors, under whose auspices the trip is conducted, and any other worker who has been approved as a guardian for this trip, to secure any medical care or treatment that may be necessary for my child during the entire outing, including the trip to and from their destination. I further assume all responsibility for any decisions made, and the emergency care or treatment so secured by or for my child.

Parent Signature _____ Date _____ Cell Phone _____

Relationship to Kamper: _____

Do you have hospitalization insurance? Yes No

If yes, Name of Insurance Company _____

Policy Identification Number _____ Group Number _____

Doctor's Name _____ Phone Number _____

Emergency Contact: Cell _____ Work/ Other _____

About Your Child: Are there any habits, medications, allergies, special diets or needs, etc. that we may need to know about?

Association of the Church of God of Southern California/Nevada

425 Sierra Madre Villa Ave, Pasadena, CA 91107

Email: office@acogscn.org Phone: (877) 360-5025