

# Camp Kairos Application

Sponsored by the Church of God of Prophecy

Name: \_\_\_\_\_ Male:\_\_\_ Female:\_\_\_ Date of Birth:\_\_\_\_\_ Age:\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Camp Attending: ( ) Junior Camp, ages 8-12 ( ) Teen Camp, ages 13-19 ( ) Pee Wee, ages 5-7

( ) Young Adult, ages 18-30 ( ) Winter Teen Retreat, ages 12-19

**Tuition:** Junior & Teen Camp **\$180**, Young Adult Camp **\$85**, Winter Teen Retreat **\$85**,  
Pee Wee Camp **\$85**

**Deposit required: \$25**

**Late Fee:** \$15 for all apps received after **July 1<sup>st</sup>** (for summer camps) and **January 9<sup>th</sup>** (for winter retreat)

For questions or more information you can contact us at: [www.campkairoswa.com](http://www.campkairoswa.com)

Please mail application and deposit to :

**Paul & Shelly Symonds**

**3406 Doe Way**

Make checks payable to: **Camp Kairos**

**Lake Stevens, Wa 98258**

## Medical Information

Are there any special dietary needs? Yes ( ) No ( ) If yes, please specify: \_\_\_\_\_

Are there any allergies? (bee stings, food, penicillin, etc) Yes ( ) No ( ) Specify: \_\_\_\_\_

Please list any medical conditions the camp needs to be aware of: \_\_\_\_\_

All medications are to be administer by the camp nurse for campers 18 yrs and younger. The nurse will collect the medications at the time of registration.

Are there any activities the camper should not participate in? Yes ( ) No ( ) Specify: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your family have health insurance? Yes ( ) No ( ) If yes, please list carrier: \_\_\_\_\_

Name and address of insurance: \_\_\_\_\_ Group/ID# \_\_\_\_\_

I understand that if any accident or sickness should occur which requires emergency treatment, the campers private insurance will be considered the primary insurance. Any insurance cover provided under the Church of God of Prophecy Youth Camp, Directors and Staff will not be held liable for any accident, sickness or expense relating to the same. In case of emergency, I understand that every effort will be made to contact the child's parent or guardian. If the parent or guardian cannot be reached, permission is hereby given to the camp staff and /or physician to secure proper treatment for and/or hospitalization and to administer injection, anesthesia, surgery and/or other emergency treatment deemed necessary for the minor child above.

Do you give permission for the summer camper, if under age 18, to participate in water baptism YES NO

Photo Disclaimer: I understand that photos and/or videos of the campers may be used for promotional purposes.

Initial here \_\_\_\_\_

**\*Please go to [www.campkairoswa.com](http://www.campkairoswa.com) and read all rules and regulations.**

**I understand that in signing this application that my child is agreeing to abide by all the rules, policies and discipline of the camp and set forth by the director and staff. I also understand and agree to the medical treatment as set forth above.**

Date: \_\_\_\_\_

Signature ( )Parent ( )Guardian

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Printed Name of Parent or Guardian

**Office – Date received: \_\_\_\_\_ Deposit Received: \_\_\_\_\_ Balance Due: \_\_\_\_\_**