



The Father & Sons Campout
March 3rd – 5th 2017
swtx-pcg.org

Camper Application Form

Cost: \$50 per camper; by 2/12/17
\$70 per camper; after 2/13/17

Camper Name: _____
First Last Nick Name

Birth Date: ____/____/____

Parent / Guardian Name: _____

Address: _____
City State Zip

Phone: _____ Email: _____

Emergency Contact: _____ Phone Number: _____

Church / Group attending with: _____

I agree to abide by all camp rules and regulations and to cooperate with camp director/staff:	
_____ Camper Signature	_____ Parent/Guardian Signature

Camper is permitted to:	Yes	No
Participate in physical & active recreation / activities.		
Receive first aid or medical attention, as deemed necessary, by camp staff.		

I hereby waive any and all claims against the Southwest Texas District Pentecostal Church of God and Impact SWTX, Inc. or its representatives, because of injury or damage that may be incurred to me, my child and/or my property in connection with an incident and/or activity of youth camp. I understand that secondary insurance is provided and camper is covered by primary insurance. I also understand and agree that my child may be video recorded for the camp DVD, video skits, and live events. This footage may also be used for future reference not limited to but including video promotions, still shots and the internet.

 Signature of Parent/Guardian _____
Date