

‘REVEAL’ - AK Youth Camp Application (June 10 – 14, 2024)

LBC & Retreat Center - 858 S. Beaver Lake Road Big Lake, AK 99623

Please PRINT clearly

Name _____

Mailing Address _____ City _____ State _____ Zip _____

DOB _____ Age _____ Gender: M F Camper Phone Number (if applicable) _____

Parents Names _____ and _____

Parents cell numbers _____ and _____

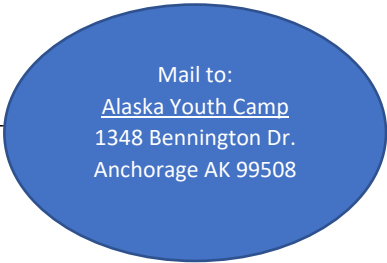
Parents work numbers _____ and _____

Preferred Email _____

Local Church _____ Pastors Initials that info is correct! _____

Jr. Camp (7-12yrs) _____ Sr. Camp (13-18yrs) _____ (mark only one)

Roommate Preference if any _____ Adult T-Shirt size: S M L XL 2XL 3XL 4XL



Required Insurance Information

Name of Physician _____ Phone _____ Is camper covered by medical insurance? Yes No

Company Name _____ Phone _____ Pre-Authorization required? Yes No

Note to parents: Our camp medical insurance operates as a secondary coverage to the insurance provided by the parents of the camper. In the event of medical attention to your child at one of the local medical centers, your insurance will be listed as primary coverage and the camp’s supplemental insurance will be the secondary after the primary policy has been settled with the provider. Please attach a copy of your insurance card to this application.(front and back)

Camper Signature & Pastor’s Signature – both are required!

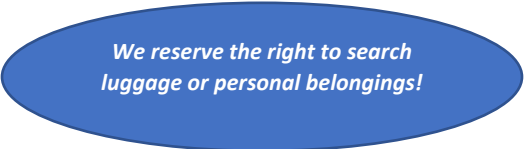
I understand that camp maintains a Christian standard in all conduct and behavior. I sign my name hereby acknowledging and promising to abide and respect all rules and policies and submit to those in authority during my stay. Pastor, is all the information complete?

Signature of camper – DatePastor’s Signature - Date

Parental Consent (Applications CANNOT be accepted without parent /guardian signature)

I give my child permission to attend and participate in the Alaska Youth Camp. I hereby waive, release, and discharge all claims, demands, and causes of action against camp officials, the Church of God in Alaska, the International Offices of the Church of God, their agents, employees, and participants arising from any damages, property loss or injury my child might sustain at the Alaska/BC Church of God Youth Camp. In the event of an accident or serious illness, and in the event, I cannot be contacted, I hereby consent to allow camp officials to seek and obtain medical or surgical treatment for my child. I have performed a general health check on my child such as a lice check.

Signature of parent or guardian _____ Date _____



CAMP FEES

\$225 **postmarked before May 20th**

\$235 **postmarked after May 22nd**

\$245 **special meal /food allergy requests**

Camp Fee from above: _____

\$25 due at time of application: *minus -* _____
(nonrefundable/nontransferable)

Add'l payment towards total due: *minus -* _____

TOTAL remaining due no later than June 1st _____

Important note: We have limited spots this year for campers! This application, along with your \$25 nonrefundable amount goes towards your total camp fees and holds your spot. If FULL payment is not paid by June 1st, your spot is no longer secure and can be given to the next person on the waitlist.

FOR OFFICE USE ONLY: Fee: _____ Amount Enclosed: _____ Check # _____ Remaining Due by June 1: _____ Paid in full on: _____