

**Make Check/Money Order To:**

Camp Lowman

**Mail To:**

Camp Lowman

Attn: Spring Youth Retreat

11738 Leesville Rd

Lynch Station, VA 24571

**Register & Pay Online:**

[www.vacogop.org](http://www.vacogop.org)

**Registration must be accompanied by a minimum $10.00 non-refundable deposit to ensure placement.**

**We accept checks, debit, & credit via vacogop.org.**

**Early Bird Rate $55**

Submitted/Postmarked by Oct. 13

**Regular Rate $65**

Submitted/Postmarked by Oct 19

**Late Rate & Walk-Ins $75**

Submitted/Postmarked after Oct 26

**Offsite Guest without Food**

**NO COST**

OFFSITE GUEST

WITHOUT FOOD

* Chaperones from the local church are welcome to attend and stay on-site after submitting a mandatory background check. Chaperone Registrations after Sept. 14 will NOT be accepted. Background check form for chaperones can be completed at [www.vacogop.org/resources](http://www.vacogop.org/resources).
* Offsite guests are welcome to attend, but all visitors must register. If you will not be staying onsite but would still like food, please check one of the registration rates and submit your payment.

2019 Fall YOUTH RETREAT REGISTRATION

November 1-3, 2019 | CAMP LOWMAN

**Please check all that apply:**

YOUTH (AGES 13-18)

CHAPERONE

OFFSITE GUEST

WITH FOOD

OFFSITE GUEST

WITHOUT FOOD

OFFSITE GUEST

WITH FOOD

CHAPERONE

PERSONAL INFORMATION

**Registration for minors must be filled out and signed by a parent or guardian with legal custody.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME LAST NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS CITY, STATE, ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT AGE DATE OF BIRTH

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER(S) EMAIL ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER LOCAL CHURCH YOU ATTEND

PARENT/GUARDIAN INFORMATION

**All students staying onsite & offsite guests under 18, MUST fill out this information. Adults over 18, DO NOT need to fill out this information.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME PARENT/GUARDIAN NAME PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME PARENT/GUARDIAN NAME PHONE

PAYMENT INFO

LOCATION INFO

OFFICE USE ONLY

**$*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

AMOUNT ENCLOSED WITH REGISTRATION

See above box for registration rates. Please pay in full if possible. **Registration must be accompanied by a minimum $10.00 non-refundable deposit to ensure placement.** We accept checks, debit, & credit. You may also pay by card onsite. Visit [vacogop.org](http://vacogop.org) to pay by card. Do not send cash!

**Camp Lowman Physical Address**

11738 Leesville Rd | Lynch Station, VA 24571

Phone: 540.297.5205

**Camp Lowman GPS Address**

Huddleston Church of God of Prophecy\*

1022 Winona Lane | Lynch Station, VA 24571

*\*Camp Lowman is located a tenth of a mile from Huddleston COGOP. If Huddleston COGOP is on your right, Camp Lowman is less than a minute away on the left.*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

DATE RECEIVED DEPOSIT RECEIVED

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

CHECK # PAID ONLINE

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

CASH CHURCH SPONSORED

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

RATE BALANCE

**EMERGENCY & MEDICAL INFORMATION**

**All students staying onsite & offsite guests under 18, MUST fill out this information. Adults over 18, DO NOT need to fill out this information.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NAME(S)/RELATIONSHIP EMERGENCY CONTACT PHONE(S)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL CONDITIONS ALLERGIES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL NEEDS, DIETARY NEEDS, PHYSICAL LIMITATIONS, OTHER INSURANCE COMPANY & POLICY NUMBER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF MEDICATION(S) DOSAGE & SPECIAL INSTRUCTIONS

**I give permission for my child to receive the following medications from the Camp Lowman Nurse in the event that it is needed and in an age appropriate dose for fever/pain/headache:**

\_\_\_ Acetaminophen \_\_\_Ibuprofen \_\_\_Benadryl \_\_\_I DO NOT give my permission for any of the medications to be administered to my child.

**CAMP LOWMAN INFORMATION**

**All students staying offsite under 18, MUST fill out this information. Adults over 18, DO NOT need to fill out this information.**

**You will need twin size bedding, pillow, towels/washcloths, Bible, toiletry items, & appropriate clothing according to weather conditions.**

**Snack stand will be open to purchase drinks, candy, and snacks. Other merchandise of the event may be available as well.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF INDIVIDUALS YOU WOULD LIKE TO ROOM WITH AUTHORIZED INDIVIDUALS TO PICK UP THIS STUDENT

**OFFSITE INFORMATION**

**All students staying offsite under 18, MUST fill out this information. Adults over 18, DO NOT need to fill out this information.**

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OFFSITE LOCATION OFFSITE SUPERVISOR (18 YEARS OR OLDER)

**STATEMENT OF CERTIFICATION/MEDICAL CONSENT/MEDIA RELEASE**

I hereby give my child permission to attend the **Virginia Church of God of Prophecy Youth Retreat** and to participate in all activities associated with this event and waive all claims. I authorize my child to receive medical attention from qualified medical personnel, both on campus and off, should such action be necessary. In case of emergency, I understand that every effort will be made to contact me (Parent or Guardian). In the event that I cannot be reached, I hereby give my permission to the **Youth Director(s)/Camp Coordinator** and physician selected by **Camp Lowman** to secure proper treatment for, to hospitalize, and to order injection, anesthesia, and/or surgery for the student. I understand sickness/illness and preexisting conditions are not covered by the **Camp Lowman** insurance. Therefore, it is my responsibility and **Camp Lowman** will not be liable for any of the expenses incurred in such cases. I hereby waive, release, and discharge any and all claims, demands and causes of action against **Camp Lowman Officials, the Church of God of Prophecy Virginia, Inc. and the Church of God of Prophecy, International Offices (Cleveland, TN)**, their agents, employees and participants to injury, damage, or loss of property my child may sustain at **Camp Lowman**. I hereby affirm that I have read and agree with all information on the application form.

I agree that the **Camp Lowman Nurse** must administer ALL medications for my student. The nurse will be present to collect medications during registration. All campers will receive a brief medical screening upon their arrival. Prescriptions should be clearly labeled in the original bottle. Medications will not be accepted unless in their original prescription container or legal guardian accepts responsibility for any medications not in their original bottle. Send only the amount needed while at camp. Please make sure that any special health need is clearly marked on your application with the camp nurse. Special needs should be discussed with the nurse and your cabin leader. Anyone can contract head lice and unknowingly bring it with them to camp. Please have your student checked thoroughly before camp. We cannot allow anyone with head lice/nits to remain at **Camp Lowman**. Lice checks will be done in a secluded area at time of registration. I have clearly identified medications my child will need during their stay at **Camp Lowman**. I hereby accept responsibility for any unmarked medications that my child needs and attest that I have accurately described the medication and its proper dosage/instructions on this application. I also have designated my permission for my child to receive acetaminophen, ibuprofen, and Benadryl from the **Camp Lowman Nurse** in the event that it is needed and in an age appropriate dose for fever/pain/headache OR I have designated on this application that I do not give my permission for any of the medications to be administered to my child.

I also understand there will be photography/video taken throughout the weekend and these images may be posted to the social media outlets of **VA Youth Ministries, Virginia Church of God of Prophecy, or Camp Lowman**. If you do not wish for your child to be in videos or photos, please attach a note stating this request, sign and date it.

I CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IN SIGNING THIS APPLICATION, MY CHILD AND I ARE AGREEING TO ABIDE BY ALL THE POLICIES, RULES AND DISCIPLINE OF **CAMP LOWMAN** (REFERRING TO ALL CAMPS SPONSORED BY THE CHURCH OF GOD OF PROPHECY), ITS ADMINISTRATION AND STAFF PERSONNEL.

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SIGNATURE OF PARENT/GUARDIAN **OR** APPLICANT SIGNATURE IF OVER 18 DATE

Waiver and Release

I hereby acknowledge, on behalf of myself and the Minor Children, that the activities offered by Camp Lowman, LLC its parents, subsidiaries, affiliated companies, employees, agents and assigns (collectively, the "Company") including but not limited to campfires, sports, dodge ball, swimming, paintball, archery, fitness training or any other gathering or activity organized and/or offered by the Company (collectively, the "Activities") entail known inherent risks as inherently dangerous activities and unknown risks that could result in property damage or physical or emotional injury, including but not limited to broken bones, sprained or torn ligaments, paralysis, death or other bodily injury, to myself, the Minor Children and/or third parties. Additionally, I, on behalf of myself and the Minor Children: (i) expressly accept and assume all of the risks associated with the Activities; and (ii) acknowledge that I/we are participating in the Activities voluntarily in spite of the risks.  
  
I hereby represent and warrant, on behalf of myself and the Minor Children, that I/we are fit to participate in the Activities and that such participation will not endanger myself/him/her or others. The Company reserves the right to decline to accept or to retain any person as should such person’s health, medical condition, physical infirmity or general deportment impede the operation of the Company and the Activities or impair the rights, welfare, or enjoyment of the other guests of the Company. The Company reserves the right to cancel, advance, postpone or deviate from and alter the itinerary for the Activities at any time and without prior notice.  
  
I agree, for myself and on behalf of the Minor children, to forever indemnify, defend and hold harmless the Company, the manufacturer(s) and supplier(s) from and against any and all losses, claims, damages, causes of action, expenses, injuries, liens or demands (collectively, the “Losses”) arising from or in connection with each participant’s conduct, whether such conduct is negligent, willful, direct or indirect, except to the extent that such Losses are directly caused by the gross negligence or willful misconduct of Company.   
  
I agree, for myself and on behalf of the Minor Children, that under no circumstances, including negligence, shall Company, the manufacturer(s) and/or supplier(s) be liable to me, the Minor Children, my heirs or assigns, or any other participant, or any Minor Child's heirs or assigns, for any direct, indirect, incidental, special or consequential damages including lost profits, personal injury (including death) and property damage of any nature whatsoever resulting from my/our participation in the Activities or from my/our presence at the Company's facility.   
  
By accepting and signing this Participation Contract, I hereby agree to the use of my name, voice and/or likeness and the use of the name, voice and/or likeness of the Minor Children, including but not limited to the use of photography or videos taken while at the Company facility, for the purpose of advertising, trade, or promotion in any media now or hereafter throughout the world in perpetuity for advertising and publicity purposes, without additional review, further compensation, permission or approval unless prohibited by law.  
  
I HEREBY ACKNOWLEDGE AND AGREE, ON BEHALF OF MYSELF AND THE MINOR CHILDREN, THAT THIS PARTICIPATION CONTRACT IS GOVERNED BY THE LAWS OF THE COMMONWEALTH OF VIRGINIA AND ALL DISPUTES ARISING IN CONNECTION WITH OR INCIDENT TO PARTICIPATION SHALL BE LITIGATED, IF AT ALL, ONLY IN THE COMMONWEALTH OF VIRGINIA, TO THE EXCLUSION OF THE COURTS OF ANY OTHER STATE. I HEREBY WAIVE ANY VENUE, PERSONAL JURISDICTION OR OTHER OBJECTION THAT I MAY HAVE TO SUCH ACTION OR PROCEEDING BEING BROUGHT IN ANY COURT LOCATED IN THE COMMONWEALTH OF VIRGINIA. IN THE EVENT ANY PORTION OF THIS PARTICIPATION CONTRACT IS FOUND TO BE UNENFORCEABLE, THE REMAINING PORTIONS SHALL REMAIN IN FULL FORCE AND EFFECT.  
  
I HEREBY ACKNOWLEDGE AND AGREE, ON BEHALF OF MYSELF AND THE MINOR CHILDREN, THAT IN NO EVENT SHALL THE COMPANY'S LIABILITY HEREUNDER EXCEED $100, EXCEPT FOR THOSE LOSSES DIRECTLY ARISING FROM THE COMPANY'S GROSS NEGLIGENCE OR WILLFUL MISCONDUCT.   
  
MINOR CHILDREN: (PLEASE PRINT NAMES OF CHILDREN)

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By my signature below, I hereby certify that I am the parent or legal guardian of the Minor Children or that I have been granted the power of attorney to sign this Participation Contract on behalf of their parent or legal guardian, and that I have had sufficient opportunity to read and understand this Participation Contract.

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Printed Name of Guardian of Minor Children Date

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Parent or Guardian of Minor Children