

# LAMS Regional Winter Retreat Application

January 1-3, 2016

KAMP KUMBAYA, EUPORA, MISSISSIPPI

**Tuition Cost \$65.00, Youth Ages: 13 and up**

*\*Note: **Special Early Bird Tuition of ONLY \$55** if you send your application in by **December 7**, you will receive a \$10 discount. Applications **must be postmarked by December 7**, to receive the discount. We need your application in preparing for meals, lodging, and staff.*

Mail Applications to: ***Kamp Kumbaya, C/O Church of God of Prophecy, PO Box 721190, Byram, MS 39272.*** Make check payable to the Church of God of Prophecy.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Age \_\_\_\_ Male \_\_ Female \_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_ Zip \_\_\_\_\_

**In Case of Emergency Call** \_\_\_\_\_ **Phone** \_\_\_\_\_

Medical Information: ***(Please include a copy of Health Insurance Card)***

Please list any health problems \_\_\_\_\_

Please list any medications you are taking \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ List of allergies \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

***In case of sickness or injury, I hereby grant permission to any physician selected by the camp to give the necessary medical treatment to the person registered on this form.*** I understand that my medical insurance company will serve as the Primary Coverage and Kamp Kumbaya insurance company secondary insurance. Kamp Kumbaya insurance provides coverage only for accidents which occur during scheduled events for up to and not to exceed \$2500.00. Pre-existing medical/physical problems or injuries which camper may have upon registration are my responsibility. Kamp Kumbaya will not be liable for any of the expenses incurred in such cases.

Signature of applicant **(if 18 years old and over)** \_\_\_\_\_

Signature of parent/guardian **(if applicant is under 18 years old)** \_\_\_\_\_

**\*Note:** Included in the tuition cost is a \$15 non-refundable registration fee. You are to mail your \$15 registration fee with your application. **Check-In is at 2:00 pm Friday and Check-out is 11:00 am Sunday Morning**

<b><u>For Office Use</u></b>	<b>Tuition: <u>\$65.00</u></b>	<b><u>For Screening Purpose by Nurse</u></b>
Deposit Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Pre-paid \$ _____ Check # _____	Application Screened <input type="checkbox"/> Yes <input type="checkbox"/> No
Early-Bird Discount \$ _____ Balance Due \$ _____	Total Tuition Paid at check-in: _____	<b>www.KampKumbaya.com</b> Kamp Kumbaya Phone Number: 662-258-6998