

# THE FELLOWSHIP OF COVINA



WRIGHTWOOD, CA  
JUNE 9<sup>TH</sup> -12<sup>TH</sup>

## 2026 CAMP REGISTRATION FORM



### CAMPER INFORMATION

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  M  F  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  
Baptized:  Yes  No Holy Ghost filled:  Yes  No T-Shirt Size: \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_ Church Attending: \_\_\_\_\_  
Parent(s)/ Guardian Name: \_\_\_\_\_ Parent(s)/ Guardian Email: \_\_\_\_\_

### IN CASE OF EMERGENCY PLEASE CONTACT

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_

### MEDICAL INFORMATION

Does the camper have any allergies?  yes  No  
If yes, please list: \_\_\_\_\_  
Does the camper have any medical conditions we should be aware of?  yes  No  
If yes, please specify: \_\_\_\_\_  
Primary Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### CONSENT & AGREEMENT

I \_\_\_\_\_, parent/ guardian/ self of \_\_\_\_\_, do hereby consent for my child/ self to attend the Covina Apostolic Church Deaf & family camp and grant consent for authorized staff to seek medical attention for my child/ self if a medical emergency should arise. I also agree to wave any rights against Covina Apostolic Assesmbly organization's staff and officals.  
I also understand that I may be called to pick up my child in the event of an unusal incent, infectious disease, illness or behavior which disrupts the smooth and efficient operation of the camp.

Signature: \_\_\_\_\_

#### Office Use Only:

Pre-Registration:  yes  No  
 Cash  Check  Zelle  
Amount: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Cost: \$199  
Deposit: \$50

Please make all checks out to: Covina Apostolic Church  
Zelle Info: (626) 290-6243

Final Registration:  
 Cash  Check  Zelle  
Amount: \$ \_\_\_\_\_ Received By: \_\_\_\_\_