



2009 ENCOUNTER TEEN CAMP REGISTRATION PACKET

Dates

July 19th-25th

Send the Registration Packet to:

IHOP Atlanta
1625 Collins Hill Rd
LAWRENCEVILLE, GA 30043
ATTN: Encounter Camp '09
*Post Marked by July 1, 2009

Registration Process

Encounter Teen Camp is open to teens between the age of 13 and 19. Space is limited.

We require that you send in the registration form and \$50 non-refundable deposit together in one packet.

Make checks payable to the International House of Prayer of Atlanta (IHOP Atlanta) with ETC and teen's name in the memo.

Cost Information

The \$50 non-refundable deposit per teen required with registration is applied towards the tuition. There is a \$50 sibling discount for each additional teen in the same family.

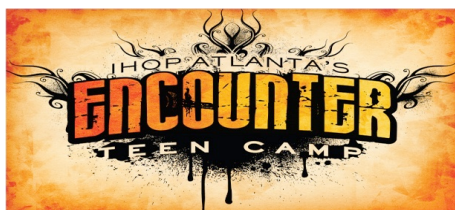
Cost: \$275

Registration & Camp Information

- To view the most current and complete Registration Information, Parent Info and Frequently Asked Questions please visit us online at www.ihop-atlanta.com and click on events.
- We will confirm your registration by email.
- Encounter Camp daily schedule and other camp information, please visit www.ihop-atlanta.com
- ETC is an **unplugged camp**
 - No cell phones
 - No internet access
 - No iPods or MP3 devices

ETC is dedicated to calling teens to unplug from the world and spend a part of their summer radically pursuing Jesus with a group of like-minded comrades. Encounter Camp will have the availability of a phone number that will permit access to camper in case of an emergency.

Emergency phone number will be posted prior to the start of camp and available at registration.



GENERAL INFORMATION - PART A

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Your Email Address: _____

Parent's Email Address: _____

Home Phone: _____ Cell Phone: _____

Birthdate _____ Age _____ Grade _____ Gender [] M [] F

T-Shirt Size (circle one): S M L XL XXL

Emergency Contact Information (In case of emergency, two alternative contacts, other than parents)

Contact 1: _____ Relationship: _____ Cell Phone: _____

Contact 2: _____ Relationship: _____ Cell Phone: _____

HEALTH FORM - PART B

Insurance (REQUIRED) & Physician

Travelers or student insurance must be purchased prior if your teen is not normally insured.

Policy holder's name: _____ Doctor's name: _____

Policy number: _____ Doctor's phone number: (_____) _____

Insurance Company & Phone: _____ (_____) _____

Restrictions: _____

Medications: _____



COMMITMENT AND AGREEMENT - PART C

Please acknowledge your agreement with the following statements by initialing each of the boxes and signing your name:

Teen Commitment:

- I commit to follow and adhere to all ETC guidelines, the Camp Staff and Counselors, as well as all standards of Christ-like behavior.
- I commit to modest and appropriate dress. I understand that ETC Staff may deem certain clothing inappropriate and I will adhere to their decisions.
- I commit to not physically or emotionally date anyone while at ETC. I understand my emotions and affections must be on Jesus for maximum impact.
- I commit to an "unplugged" camp experience. I commit to abide by the camp rules that does not permit the use of cell phones and other electronics.
- I commit to not bring drugs, alcohol, tobacco, firearms, fireworks, airsoft/paintball guns, weapons, suggestive clothing, inappropriate magazines, or any questionable materials.
- I commit to follow the safety regulations and the direction of the staff.

Parent Agreement:

- I agree that I have read and discussed the Teen Commitment with my teen and commit to support my teen during his or her camp experience at ETC.
- I agree that I have provided to the best of my knowledge and belief that the facts presented to support my application are true, correct and complete.
- I agree to support my teen in their "unplugged" camp experience by not sending them to camp with any iPods, mobile phones, laptops, or any entertainment devices.
- I give full permission for my teen to participate in all activities unless otherwise noted on 1st page of health form.
- I give full permission for my teen to have their photo used in publicity photos & films. (No names or personal info will be used.)

Teen Signature Date

Parent/ Legal Guardian Signature Date

Cash _____ Check # _____ TOTAL PAID _____ DATE _____

I hereby release IHOP Atlanta, its staff or volunteers, from any personal liability due to injury or illness to this camper incurred during any Encounter Camp activity. Further, I give permission to the Camp Directors to act in my place as parent or guardian in cases where consent is required in emergency situations. I agree to release and hold harmless those individuals who make such decisions in my place as parent or guardian during this time(s) of emergency.

Signature _____ (Parent or Legal Guardian indicates all information stated is correct)

Please make checks payable to: IHOP Atlanta and in Memo put ETC and the campers name
1625 Collins Hill Rd, Lawrenceville, GA 30043 • EncounterTeenCamp@IHOP-Atlanta.com