

2025 Camper Idaho Youth Camp Application

June 9-12, 2025, Ages - entering 6th grade fall 2025-graduated 2025. **App & Full Tuition Deadline is 5/25** & includes a \$25 non-refundable deposit. If payment is late there is a \$50 fee, if payment is received after 6/2 the fee is \$100. As of 4/22 due to our amazing Donors/Sponsors tuition is \$75. You can email this app & the Code of Conduct to Steve & Kris McFate, Camp Coordinators & Directors, @ IdahoYouthCampCOGOP@gmail.com. If you pay online there is a 3% processing fee **You must** include it in your payment. Put the full name(s) of who you are paying for in the memo area at the bottom. Click this link to pay: [Idaho Youth Camp](#)

You can mail your app & forms with a check made payable to COGOP to the Camp Treasurer, Trudy Holt, at 12593 West Freedom Dr. Boise, ID. 83716. Make sure your child/children's full name(s) are in the memo area. If this form was printed for you and you want to pay online email the Coordinators for a link.

Required forms for campers up to age 17: This Camper App, Code of Conduct & Parent Permission form, or fill out the Google form it has all 3 combined.

Applicant's Last Name _____ **First Name** _____ **Date of Birth** _____ **Gender:** _____ **Unisex T-shirt sz** _____
 _____ M _____ F S-XXXL _____

Camper's E-mail: _____ Camper's Phone#: _____

Grade entering Fall 2023 _____ Address: _____ City: _____ State: _____

Zip: _____ Camper primarily lives with? (Parents, mom, dad, etc.): _____

Guardian/Mom's Full Name: _____ Phone#: _____

E-mail: _____

Guardian/Dad's Full Name: _____ Phone #: _____

E-mail: _____

Emergency Contact Full Name: _____ Relationship to Camper: _____

Phone #: _____ In case of emergency who should we call first?: _____ Mom/Guardian _____ Dad/Guardian _____ Emerg. Contact

All prescription medication **MUST** be prescribed to the applicant, in original packaging, and not expired. All medications for Campers (whether prescribed or Over-The-Counter will be turned into the Camp Nurse to be administered, No Exceptions. If your child is taking a daily OTC medicine please include it, allergy medication needs to be supplied by the camper. Please bring your medications in a ziploc type bag. The Nurse will provide Tylenol, Ibuprofen, Midol, antacids, and a few others. Please indicate any OTC medications you approve the nurse giving your child if needed. **If it is not marked it can not be administered.**

Tylenol ___Yes ___No Ibuprofen ___Yes ___No Tums ___Yes ___No Benadryl or similar topical creams ___Yes ___No Females only Midol ___Yes ___No

Place X in correct answer _____ No _____ Yes my child takes medications

LIST CURRENT MEDICATIONS BELOW:

Name of Medication		Dosage		Schedule (time, meal, bedtime, etc.)	

Health History: Circle Yes or No, if you select yes, circle current or past and describe any effects or concerns of the condition.

Condition		Condition		Condition		Condition	
Anxiety or Depression	YES or NO Current or Past	Recurrent Headaches	YES or NO Current or Past	Cardiac Disease or Issues	YES or NO Current or Past	Diabetes I or II	YES or NO Current or Past
Epilepsy or Seizures	YES or NO Current or Past	Asthma	YES or NO Current or Past	Frequent Colds	YES or NO Current or Past	Frequent Ear Infections	YES or NO Current or Past
Ear, Nose, or Throat issues	YES or NO Current or Past	Spinal or Joint Injuries or Disease	YES or NO Current or Past	Stomach or Intestinal Issues	YES or NO Current or Past	Dizzy Spells or Fainting	YES or NO Current or Past
Eating Disorders	YES or NO Current or Past	ADD or ADHD	YES or NO Current or Past	Bed Wetting	YES or NO Current or Past	Home Sickness	YES or NO Current or Past

For any "yes" answers please explain as needed. List any conditions not covered and any recent operations or illnesses.

Allergy Type	Circle Yes or No	Specify allergy	Explain symptoms

Food	Yes or No		
Medication	Yes or No		
Environmental	Yes or No		
Other	Yes or No		
Describe any special dietary needs (Gluten Free, Vegetarian, other) and/or list additional medications here:			
Please include a copy of the front and back of your medical insurance card in the space below or on a separate sheet of paper; OR I have no insurance _____			

Office Use Only	Date Received	Received By:	Date Meds Received or n/a:	Meds Received By:
Date full tuition received:	_____	_____	_____	_____
_____		Date \$25 non-refundable deposit received if separate:	Payment Received: _____ Check# _____ Cash _____ Online	Additional Payment dates/amts _____
Checklist of required signed forms (date received & initials of who received): _____ Code of conduct _____ Parent permission form _____				