

# Registration Form

*Flatwoods Pentecostal Holiness Tabernacle*

July 30 – Aug. 2, 2024

Church Name: \_\_\_\_\_

Church Representative: \_\_\_\_\_

## Camper/Counselor Information

I am a first-time camper

I am a returning camper

I am a counselor

NAME

STREET ADDRESS

CITY/STATE/ZIP

PHONE

BIRTHDAY

AGE

## Parent/Guardian Information *(for campers only)*

Who does camper live with?

Father & Mother

Father

Mother

Other \_\_\_\_\_

NAME OF PARENT OR GUARDIAN 1

STREET ADDRESS

CITY/STATE/ZIP

PRIMARY PHONE

SECONDARY PHONE

NAME OF PARENT OR GUARDIAN 2

STREET ADDRESS

CITY/STATE/ZIP

PRIMARY PHONE

SECONDARY PHONE

Please email this form to:

[Pastor@FlatwoodsPHT.COM](mailto:Pastor@FlatwoodsPHT.COM)

Or mail to:

P.O. Box 163, Flatwoods, KY 41139

Church Name

**FLATWOODS FAMILY CAMP**

**Medical Release Form** *(Please duplicate this form as needed.)*

Parents/Guardians of each youth under the age of 18, must complete this form for submission with their church group's registration packet for Flatwoods Family Rally. Information is to be kept confidential.

Full Legal Name	Date of Birth
Name of Health Insurance Company	Policy #
Name of Primary Physician	Primary Physician Phone #

Name of Legal Guardian	Guardian's Phone #
Name of Legal Guardian	Guardian's Phone #

List two alternate contacts (one must be pastor), with whom we may share information in case of an emergency:

Name of Pastor	Pastor's Phone #
Name and Relationship	Phone #

List any allergies *(in the box below)*, and describe them:


List any medical/health conditions *(in the box below)* and describe *(include any medications your child takes)*:


If more room is needed, please place on the back of this form.

I hereby authorize the staff and/or administration of Flatwoods Family Rally to transport and/or obtain medical care for my child, if unable to contact guardians. This application may also be shared with emergency medical care providers.

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

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# Application for Camp Counselor and Camp Worker

- I declare that I have never been guilty or been convicted by a court of law for committing the crime of child abuse.
- I understand that I am subject to a federal background check.
- I am at least 21 years of age.
- I understand that serving in this position is a ministry and that it is vital to the health of the campers.
- I understand that it is my privilege to be part of the FPHT Staff and that privilege could be revoked at any time should the director of the family camp find it necessary.

Name of counselor/worker \_\_\_\_\_ (print and sign name) \_\_\_\_\_ (date)

I, the pastor of \_\_\_\_\_ recommend \_\_\_\_\_

to serve in this capacity. Print & Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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# Dress Code

## Males and Females

1. Jewelry or makeup (necklaces, body piercing, etc...) are not permitted.
2. No tight, revealing, or form-fitting clothing is allowed.
3. All clothing must be modest.

## Females

1. No sleeveless or cap-sleeved tops are allowed.
2. All hemlines must be below the knee when sitting and standing.
3. Shorts, slacks, pantsuits, gauchos, and split skirts are not allowed.
4. Low necklines are not allowed. (No lower than two fingers below the clavicle bone)

## Males

1. No sleeveless shirts, tank tops, or cutoff shirts allowed.
2. No shorts allowed.

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