

# Country Faith Church Kids Camp 2023

Please read all details in camp brochure before completing this form.



## CAMPER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: M F Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall of 2021) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Church Attending With: \_\_\_\_\_

## SELECTIONS - TUITION - EXTRAS

### Select Appropriate Tuition

\$100 **Early Registration** (must be postmarked by June 4th to apply)

\$120 **Late Registration** (June 5th-June 18th)  
\*\*\* **Final Registration date June 18th**— no registrations will be taken or refunds given for cancellations after this date

\$5 **Pre-buy a \$5 Concession Card** (no refunds for remaining balance)

\$10 **Pre-buy a \$10 Concession Card** (no refunds for remaining balance)

\$15 **Pre-buy a \$15 Concession Card** (no refunds for remaining balance)

\$20 **Pre-buy a \$20 Concession Card** (no refunds for remaining balance)

**Total Paid** \$ \_\_\_\_\_ (add tuition, plus additional items)

PLEASE NOTE: All remaining concession monies will be collected at the end of camp and donated to Samaritans Purse Operation Christmas Child Ministry as part of a camp offering/give back. Please send/bring only what you are comfortable leaving as an offering.

**Payment Note:** If coming with a TrueBridge Church, please register with your church & return this form/payment to them. Talk to your church for more info. If coming on your own, make check payable to Country Faith Church, attach to this form and mail to:

**Country Faith Church**  
PO Box 41  
Clearbrook, MN 56634

**T-Shirt Size:** YOUTH- M (8) L (10-12) XL (14-16) ADULT- S M L XL 2XL 3XL

## CAMPER HEALTH INFORMATION- MUST BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian Name(s): \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Other Emergency Contact- Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Holder's Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# CAMPER HEALTH HISTORY

Please check YES or NO to the following lead questions– if the response is YES you will have below to add more detail

Does Participant have **CHRONIC HEALTH ISSUES**  YES  NO

Does Participant have **DIET RESTRICTIONS**  YES  NO

Does Participant have **ACTIVITY RESTRICTIONS**  YES  NO

Does the Participant **SLEEP WALK**  YES  NO

Are Participant’s immunizations current?  YES  NO

Does the Participant have any physical condition or illness which would prevent him/her from participating in rigorous activity ?  YES  NO

Does the participant have **Mental/Social Disorders** ?  YES  NO

Condition	YES	NO	Inhaler?	Yes	NO
1 Asthma/Lung Trouble	YES	NO	Inhaler?	Yes	NO
2 Diabetes	YES	NO			
3 Epilepsy/Seizures	YES	NO			
4 Cardiac or Kidney Problems	YES	NO			
5 Orthopedic Issues	YES	NO			
6 Fainting	YES	NO			
7 Bleeding	YES	NO			
8 Bee Sting Allergy	YES	NO	Epi-Pen?	Yes	NO
9 Peanut Allergy	YES	NO	Epi-Pen?	Yes	NO
10 Other Food Allergy	YES	NO	Epi-Pen?	Yes	NO
11 Drug Allergy	YES	NO	Epi-Pen?	Yes	NO

If yes, please explain: \_\_\_\_\_

Is the Participant presently being treated for an injury or sickness or taking any form of **medication** for any reason?  YES  NO

If yes, please explain: \_\_\_\_\_

Please list medications, foods, or environmental allergens that Participant is allergic to and the allergy reaction if not mentioned above

(Please note: if participant needs special accommodations for foods please send meal and snack options with them):

\_\_\_\_\_

Please list any and all diseases, serious illness, injuries and surgeries the Participant has or has had:

**Please Note: If your child has been sick and has had symptoms less than 24 hours (vomiting, fever, diarrhea), experiencing symptoms associated with Covid, on a prescription for less than 24 hours for communicable diseases, or with an active case of Lice or contagious rashes please consult with Camp Director– Nicky Ubert. The previously listed items may mean they are ineligible to attend camp or may be sent home if they attend.**

Permission is given for over-the-counter medication to be administered to participant as directed per age/weight as deemed appropriate by camp nurse.

YES  NO Does the participant require any medications to be administered?  YES  NO

If yes, please list below all medication with dosage, frequency/time and reason for dispensing.

\*All prescription medications must be in the original container with pharmacy label including patient name, physician name, medication name, prescription number, date prescribed, dosage to be administered by the camp nurse. Any over-the-counter products (vitamins..etc) must also be brought to the nurse station to be administered to Participant

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Reason</u>

## Parental Authorization and Consent– Liability Release Statement:

I understand that any lack of cooperation, unnecessary roughness, lack of respect for property/volunteers, unlawful activity or an unwholesome attitude on the part of any participant will result in expulsion from camp. Immediate arrangements for Participant pick-up from camp will be the responsibility of the parents/guardians.

**MEDICAL TREATMENT AUTHORIZATION:** We, THE PARENTS AND/OR GUARDIANS of Participant understand that the parent will be notified in the case of a medical emergency involving the Participant. However in the event that Parents, or emergency contact, can not be reached, we authorize the calling of a doctor and the providing of necessary medical services if the Participant is injured or becomes ill. We authorize any one or more of the following person to make emergency medical care decisions on behalf of the Participant, if required by law or health care provider: Camp director, nurse, or authorized designee.

Parents/Guardians understand that Country Faith Church and Camp Dellwater or any of their employees, or volunteers, shall not be responsible for medical expenses incurred on the basis of this authorization. We agree to notify Country Faith Church in the event of any health changes which would restrict the Participant’s participation in any activities. We also understand that CFC and Dellwater’s camp representatives (Camp Director, Assistant Director, Activities Director, or authorized designee) reserve the right to restrict the Participant from any activity for any reason.

**ACTIVITIES:** I understand that by signing this form I am giving permission for the Participant to participate in all camp activities on the camp grounds, which include worship/sessions, games/activities, swimming, and water slide. Every activity held at camp is carefully planned and adequately supervised by mature adults/volunteers. However, even in the best of planning and precaution, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in camp-related activities. They also agree not to hold CFC or Camp Dellwater liable for damages, losses and injuries to the person.

**PERSONAL BELONGINGS:** We reserve the right to inspect the contents of all cabins and personal effects of campers and staff in needed. If items that are not allowed at camp (see brochure) are found, campers will be asked to surrender them to the camp director for their proper care or disposal upon the completion of camp. Possession of illegal items will result in a call to parent/guardian and is grounds for dismissal

**PICTURES & VIDEOS:** We authorize Country Faith Church to use our child’s likeness in photographs or videos to create camp slideshows for closing ceremony played at Camp Dellwater, Country Faith Church, and other participating Truebridge Network churches.

**Parent/Guardian Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_