

KIDS GREAT GETAWAY

CAMPER REGISTRATION FORM

**ATTACH
RECENT
PICTURE
(Required)**

Parents: Please complete this form (front and back) and return it to the church office.
Full payment is due by May 20, 2018. Pay online or make checks payable to First Free.

Camper's Name _____

Age _____ M or F Entering Grade _____ (Fall 2018)

Street Address _____

City _____ State _____ Zip _____

Parent/Guardian 1 _____ Home # _____ Cell # _____

Parent/Guardian 2 _____ Home # _____ Cell # _____

Email Address _____

Phone (_____) _____ Camper's Birthday _____

One friend (**same grade**) camper would like to share a cabin with _____

Name of camper's sponsoring church _____

_____ I am paying the full registration fee of \$200.00 online.

_____ I am paying the full registration fee of \$200.00 with this application (Make checks payable to First Free).

_____ I am paying the \$20 bus fee.

_____ I am paying the \$20 late fee (after June 3, 2018).

Date of last tetanus shot (**this information is mandatory**) _____

Significant medical history including allergies to food or drugs _____

Is there any additional information that would be helpful for us to know as we care for your child?

Additional Emergency Contact _____ Phone # _____

Family Doctor's Name _____ Phone # _____

Medical Insurance Co. _____ **Policy No.** _____

I give permission to the Camp Director or Camp Nurse to authorize any medical treatment needed for my child while at camp from July 25-28, 2018. I further understand that I am responsible for all medical costs. A registered nurse will be on duty at all times.

Parent/Guardian Signature _____ Date _____

>> More signatures required on the back! <<

If your child will need to take medicine while at camp you must fill out a prescription card (from the camp representative at your church). Send medicines in the original container. The nurse keeps common over-the-counter meds on hand (see below).

I, _____ give permission for the Nurse at Kids Great Getaway to administer the non-prescription drugs marked below to my child, _____. This form is good for the week of July 25-28, 2018.

Parent/Guardian Signature

Date

Please check the items your child may take, if necessary:

_____ Acetaminophen - pain relief

_____ Ibuprofen - pain relief/anti-inflammatory

_____ Benadryl - allergies

_____ Pepto-Bismol - upset stomach/diarrhea

_____ Benadryl Spray - itch

_____ Sudafed - nasal decongestant

_____ Chloraseptic Spray - sore throat

_____ Swim Ear

_____ Cortizone Cream - itch

_____ Triple Antibiotic Ointment

_____ Cough Drops

_____ Tussin CF - cough

Participation Agreement

By signing below, the parent/guardian acknowledges and accepts the risks of physical injury or property damage associated with participation in the activity described above. Except for gross negligence on the part of Kids Great Getaway (KGG) and/or participating churches, the parent/guardian accepts personal financial responsibility for any personal injury or property damage sustained during the activity. Further, the parent/guardian promises to hold harmless KGG and its representatives for any injury or damages related to the activity.

If a dispute over this agreement or any claim for injury or damages arises, the parent/guardian agrees to resolve the matter through binding arbitration before an impartial arbitrator chosen by KGG and/or participating churches.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature

Date

For office use only:

Date registration received: _____ Received by: _____
Date paid: _____ Check Number: _____ Check Amount: _____ Late Fee: Yes No