

# 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 19, 2019. Make checks payable to First Free.

Camper's Name \_\_\_\_\_

Age \_\_\_\_\_ M or F Entering Grade \_\_\_\_\_ (Fall 2019)

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 with this application. (Make checks payable to First Free.)

\_\_\_\_\_ I am paying the \$20 late fee (after May 19, 2019).

\_\_\_\_\_ I am paying the \$20 fee for my child to ride the bus.

Significant medical history including allergies to food or drugs \_\_\_\_\_

Is there any additional information or changes in family situation 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 for the Camp Director or Medical Staff to authorize any medical treatment needed for my child while at camp from July 24-27, 2019. I further understand that I am responsible for all medical costs. A medical professional 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 medical staff keeps common over-the-counter meds on hand (see below). I, \_\_\_\_\_ give permission for the Medical Staff at Kids Great Getaway to administer the non-prescription drugs marked below to my child, \_\_\_\_\_. This form is good for the week of July 24-27, 2019.

**X** \_\_\_\_\_

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, I acknowledge and accept 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, I accept personal financial responsibility for any personal injury or property damage sustained during the activity. Further, I promise 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, I agree 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.

**X** \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

For office use only:

Date registration received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ Late Fee:  Yes  No