



Camp Dates: June 18-22, 2018

Camp Location: Bonita Park in Capitan, NM

This packet contains all the required forms for a camper to attend Extreme Kids Camp 2018. These forms, along with a **non-refundable \$50 deposit, will hold a camper's place at camp.**

Camper Name: _____

Current Grade

This is the grade your child attends during the 2017-2018 school year.

- 2
- 3
- 4
- 5

Has your child ever made a personal decision to follow Jesus Christ?

- Yes
- No
- I don't know

Has your child ever been baptized?

- Yes
- No
- I don't know

Camper T-Shirt Size

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large

Do you have multiple children going to Extreme Kids Camp or Every Nation Youth Camp?

- Yes
- No

If yes, please list their names and camp they will be attending.

Name: _____ EKC ENYC
Name: _____ EKC ENYC
Name: _____ EKC ENYC

Group Request

Please write down the first and last names of two fellow campers (same gender/grade) with whom your camper would prefer to be grouped. We cannot guarantee this request will be met, but we will do our very best make sure each camper has an amazing week at camp.

1. _____
2. _____

Medical Release Form 2018

Name: _____ Age: _____
(Last) (First) (Middle)

Home Address: _____ City: _____ State: _____ Zip: _____

DOB: ____/____/____ Place of Birth: _____
(City) (State)

Parent or Guardian: _____

Cell Number: (____) _____

Insurance (be specific, ex: Blue Cross Blue Shield of Texas): _____ Insurance Phone: _____

Primary Insured Name: _____ Policy Number: _____

Primary insured Driver's License: _____ Group Number: _____

Primary Insured Company: _____

In the event of an emergency, give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List known food/drug or other allergies: _____

List medications taken regularly: _____

Swimming: My youth is a: Non-Swimmer _____ Fair Swimmer _____ Good Swimmer _____

Has participant had:

Appendix removed? _____

Chickenpox? _____

Fainting spells? _____

Asthma? _____

Heart trouble? _____

Convulsions? _____

Diabetes? _____

Allergies to food or medicine? _____

Specify _____

Allergies to bites or stings? _____

Specify _____

Any other allergies? _____

Specify _____

Medication Authorization:

Is participant taking any medication that must be given at camp/event? _____

If yes, please complete the following:

Please administer to _____

The following medication(s): _____

Dosage: _____

Time: _____

Do you prefer your child be treated with Therapeutic Oils prior to traditional medication? Yes No

PARENT / GUARDIAN PERMISSION:

I hereby give my permission for _____ to take part in all Extreme Kids Camp activities. I hereby give my permission for the designated / approved church representative or sponsor to secure any needed medical treatment for the above name son / daughter. I release Every Nation Ministries, Mid-Cities Community Church, and Extreme Kids Camp from liability for accident or injuries on these trips or activities.

I further understand and agree that, in the event that the above named son/daughter be involved in any non-Christian or dangerous activities, I will pay his or her expenses to be sent home immediately at the discretion of the approved sponsors and / or church representatives.

I have supplied, understood and agree to all the information contained on this Medical Release Form.

(Date)

(Parent/Guardian Signature)

**THIS MEDICAL RELEASE FORM IS VALID FOR
ONE CALENDAR YEAR.**

INDEMNIFICATION AND RELEASE OF LIABILITY



Bonita Park is a Christ-centered ministry seeking to facilitate spiritual enrichment, social development, physical and mental renewal in a Christ-centered atmosphere encouraging worship, fellowship, meditation and reflection upon the Word of God.

ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE AND INDEMNIFICATION

WHILE BONITA PARK AND ANGUS NAZARENE CHURCH MAKE EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR OUR GUESTS, WE DO REQUIRE THAT THIS LIABILITY AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY EACH GUEST OR THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO CHOSSES TO BE A PARTICIPATING INDIVIDUAL AT BONITA PARK AND/OR ANGUS NAZARENE CHURCH PROGRAMS OR ACTIVITIES.

NAME OF GROUP _____ ARRIVAL DATE _____

As a participating individual at Bonita Park and/or Angus Nazarene Church, I waive all claims and do hereby assume all risks and any other ordinary risk incidental to the nature of the program. These risks are including those which are not specifically foreseeable, and will indemnify and hold Bonita Park Camp and Conference Center and/or Angus Nazarene Church and its officers, boards, agents or employees harmless from any and all liability. I accept full responsibility for any injury or accident that may occur. This release does not apply to intentional and/or willful acts of misconduct by Bonita Park Camp, Angus Nazarene Church, or any of its officers, boards, agents or employees.

If any provisions of this Agreement shall be construed to be illegal or invalid, or if this Agreement was held unenforceable as to certain activities, it shall not affect the legality or validity of any of the other provisions herein or its enforceability as to other activities. If so, those portions shall be deemed stricken and deleted from this Agreement, but all other provisions of this Agreement shall continue in force and effect.

Please list any ALLERGIES, DISABILITIES, or RESTRICTIONS and notify your Group Leader also:

I hereby attest to the following:

I, _____, have chosen to participate in Bonita Park Camp and Conference Center and/or Angus Nazarene Church activities, and related events. I understand that participation in these activities is not without risk.

I understand that as a participant, I (or my child) may be photographed or videotaped during normal Bonita Park and/or Angus Nazarene Church activities. These photos/videos may be used in promotional materials.

I have carefully read this agreement and understand its contents. This liability release and indemnification agreement shall be legally binding upon my heirs, assigns, legal guardians, personal representatives and myself. I am aware that I am releasing certain rights that I otherwise may have of my own free will.

Participant's Signature _____

MINOR CHILDREN: (under 18 years of age):

As parent or legal guardian of _____, I _____
(PRINTED) (PRINTED)

further accept responsibility for the actions of this child, and agree to the provisions .

ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE AND INDEMNIFICATION.

Signed: _____
(Parent/Guardian) (Date)



During Extreme Kids Camp, your child will be given opportunities to show how EXTREME he/she is in hair style. The campers love to have colorful sprays, glitters, etc. applied to their hair. Boys (only) prefer to go with a longer-termed EXTREME hair style by having their hair either shaved or mohawked. If you would like to allow your child to participate in these hair styling options, please complete the form below.

PARENT/GUARDIAN PERMISSION:

I hereby give my permission for _____ to take part in Extreme Kid's Camp hair "styling" at Camp Bonita in Bonita, NM. I hereby give my permission for the designated / approved church representative or sponsor to assist my child in cutting, temporary coloring, glittering, etc. for the above name son/daughter. I release all organizations involved with Extreme Kids Camp and sponsors, as well as Every Nation Ministries from liability for accident or injuries (including allergic reaction) on these trips or activities.

(Date)

(Parent/Guardian Signature)



Photograph /Video/Sound Release Form

I hereby give Extreme Kids Camp and all organizations involved, permission to use photographs/video/sound of the adults and the minor(s) named below for publicity, promotion, news releases, videos, and web use of Extreme Kids Camp. This might also apply to the written composition or visual art of the minor if it is published.

I hereby release and discharge Extreme Kids Camp and all organizations involved from any and all claims arising out of the use of the photograph/video/sound that I or the minor child(ren) listed may have in this regard.

I have read the reverse side of this release form and understand and agree with the purpose of this permission.

Name of child: _____

Name of child: _____

Name of child: _____

Name of child: _____

Name of child: _____

Name of parent: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Parent/Guardian Signature: _____ Date: _____

*****I refuse to have the image or work of my child(ren) or myself published*****

Parent/Guardian Signature: _____ Date: _____

What is the purpose of using images and sounds of my child/myself?

Extreme Kids Camp and affiliates may use photographs, video, etc. of your child or you in promotional materials like pamphlets, videos, web sites, newsletters, etc.

We may also continue to photograph your child **without** your permission for camps and special activities.

Why do you want a release for my child/myself?

We want you to be informed of our intent and possible use of photographs and videos that may contain images of your child or you.

Who does this apply to?

We are asking for permission for children and youth under the age of 18.

Will I have my child(ren)'s name(s) or myself listed?

Names will not be published with the photographs used by Extreme Kids Camp and the organizations involved. However, staff may have names listed.

Will the church profit from the photographs/sound/composition?

We will not sell photographs/sound/compositions to agencies. However, Extreme Kids Camp and the organizations involved might use the photographs of children/youth in a pamphlet or on the website which may also sell promotional items (t-shirts for example).

How long will this permission be valid?

There would be no limit.

What if I refuse?

We will not publish a photograph or use video of your child unless a parent or guardian signs this consent form.

What kind of information do you give out now and to whom?

Currently, no information is given out unless it is to an appropriate agency or institution. For example, in case of medical emergency, it may be necessary to give your child's allergy information on file to the attending physician.