

2018 Kansas Kids Camp Registration Form

July 30-August 2, Westminster Woods, Camp Fall River, KS

Cost: \$200 (2018-2019 School Year: Entering 4th, 5th, or 6th Grade)

Deadline to register is July 5. Campers limited to the first 85 registrants.

Camper Information

Camper's name: _____ Gender: _____ Age: _____ Going into _____ grade

Father's Name: _____ Cell phone (_____) _____ Work phone (_____) _____

Mother's Name: _____ Cell phone (_____) _____ Work phone (_____) _____

Mailing address: _____
Street Address/PO Box City, State Zip Code

Home Church: _____ Pastor: _____

Group preference

Please give the name of **one** other camper with whom your child would like to be grouped:

Name: _____ Grade: _____ Church: _____

(We will do our best, but we cannot guarantee your child will be placed according to your preference.)

T-Shirt size:

Child's Small Child's Medium Child's Large Adult Small Adult Medium Adult Large

Information for Counselor

Is there anything you want your child's counselor to be aware of (e.g., changes in family life, learning disabilities, fears)? Attach second sheet if necessary.

Do you have any goals for your child at Kansas Kids Camp (e.g., social, spiritual, emotional, physical)?

*Payment due by July 5 (registrations paid after July 5 won't be guaranteed a t-shirt) | Returned checks subject to \$30 service fee.

Please mail to Rhonda Zimlich, 5400 SW Huntoon Rd., Topeka, KS 66604. **Checks payable to Kansas Kids Camp**

Find more info on the district website, www.kdwc.org.

2018 Kansas Kids Camp Health History Registration

Please complete and send with registration.

Camper's Name: _____ Gender: F _____ M _____ DOB: _____

Permanent Address: _____

Parent Information:

Father's Name: _____ Cell phone (_____) _____ Work phone (_____) _____

Mother's Name: _____ Cell phone (_____) _____ Work phone (_____) _____

Child lives with (circle): Both parents Father Mother Guardian

CIRCLE if camper has or is subject to any of the following:

Fainting/Convulsions
Diabetes

Asthma
Nose bleeds

Heart Trouble
Special diet

Medication
Allergies

Injury
Other

PLEASE SPECIFY
DETAILS ON BACK

PARENT INITIAL HERE: _____ If acceptable to administer non-aspirin pain reliever, antihistamine and/or lice treatment to this child.

Family health insurance? [circle] Yes No Carrier: _____ Group ID#: _____

Tetanus Immunization Date: ___/___/___

Doctor: _____ Phone: (_____) _____

Dentist: _____ Phone: (_____) _____

Emergency contacts other than parents: (e.g. grandparents, pastor, neighbor)

Name _____ Phone (_____) _____ Relationship _____

Name _____ Phone (_____) _____ Relationship _____

MEDICAL RELEASE: This health history is correct to the best of my knowledge, and the above named camper has permission to engage in all camp activities except as I have noted on the back of this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Kansas Kids Camp to hospitalize, secure proper treatment for, and to order injection(s) and or anesthesia and/or surgery for the above named camper. I understand that I am primarily responsible for any medical fees or prescriptions and charges arising from any illness or injury that the above named camper may incur. This completed form may be copied for transportation record.

LIABILITY RELEASE: The undersigned, for himself or herself and personal representatives, assigns, heirs and next of kin, hereby releases, waives, discharges and covenants not to sue The Wesleyan Church, the Kansas District, its agents, servants and employees for injuries or illnesses incurred by the above named camper's participation in activities associated with Kansas Kids Camp. The undersigned is fully aware of the inherent hazards and hereby elects to participate voluntarily and assume all risks of loss, damage or injury that may be sustained by the above named camper.

OFF CAMP RELEASE: The above named camper has my permission to be transported and participate in outings and field trips conducted off the Westminster Woods Campground. It is understood that these outings are fully supervised by approved Kansas Kids Camp staff.

The undersigned has read and voluntarily signs this Medical and Liability and Off Camp Release.

Release Signature (Parent/Guardian)

Date

Camper's Name

MEDICATION FORM MUST BE FILLED OUT

(see next page)

Camper Medications List

List all medications this camper will take while at camp. PRINT LEGIBLY. This includes prescribed medications, over-the-counter medications, and vitamins. Place this list along with the unexpired medication original containers inside a Ziploc bag. Write the camper's first and last name on the bag. *{Provide enough medication to last the entire time your camper is at camp or for however long the medication should be taken.}*

Prescribed Medication MUST be **unexpired** and in the **original container** with a pharmacy label that has the camper name, prescribing doctor name and directions for use. Do not place medication in medication organizers. We cannot administer medications except for as prescribed.

Over-the-counter Medication or **vitamins MUST** be **unexpired** and in the **original container** and clearly labeled with the camper's FIRST & LAST name.

Camper First & Last Name: _____ Home Church: _____

Medication Name (Over the Counter or Prescription)	# of Times Taken Daily	Check Time(s) to be taken.	Please leave column blank for nurse.
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed	

Please list on the back of this page any additional notes to our camp nurse.

Office Use Only: Cabin Name/#: _____

Kids Camp Packing List

LABEL ALL ITEMS WITH FIRST AND LAST NAME

Bedding: Camp provides mattresses, you need to bring your own pillow, sleeping bags, etc.

Towels (at least 2, one for shower, one for lake)

Camp clothes for 5 days (outdoor camp...it will be messy!)

Jacket or sweatshirt

Swimsuit/swim trunks (no tummies showing for girls)

Tennis shoes and sandals (flip flops)

Toiletry items (**DEODORANT**, tooth brush and paste, body wash, shampoo)

Sunscreen (**A MUST**)

Bug Spray (**A MUST**)

Bible

Light backpack for carrying items during the day

Water bottle (sturdy, reusable bottle, labeled with camper name)

Flash light

Notebook paper

Pen or pencil

Medications (in a labeled Ziploc bag)

May bring a camera

DO NOT BRING VALUABLES!!! Kids Camp is not responsible for lost or stolen property.

We strongly encourage that cell phones NOT be brought to camp. If a cell phone is brought, a counselor will hold on to it for your child until it's time to go home and can only be used in emergencies.

Contact phone number:

Niki Copeland (785) 633-7142