



KEARNEY FIRST BAPTIST KIDZ CAMP 2019 REGISTRATION FORM

Please use BLACK INK and PRINT NEATLY when completing this form

Kidz Camp July 21-24, 2019

* Please use this form for **KIDZ CAMP ONLY**

Total Cost for Camp: \$127

Early Registration—\$50 non-refundable deposit due to First Baptist by: July 1, 2019

Late Registrations after July 1, 2019 accepted with FULL PAYMENT of \$127 to First Baptist by: July 21, 2019

(There is a \$25 penalty fee for all Late Registrations)

Final Payment from All Participants Due to First Baptist by: July 21, 2019

Please make checks payable to KFBC and put **Kidz Camp in the memo line.**

-To be completed by parent/legal guardian-

Health Insurance Co.: _____

Policy # _____

Group # _____

(Camp insurance is secondary to personal health insurance.)

Date of last Tetanus Shot: _____

Does your daughter/son suffer from any medical, physical, emotional or behavioral conditions which might affect his/her safety while at camp? (e.g. claustrophobia, vertigo, asthma, heart condition, diabetes, epilepsy, etc.). Yes No

If yes, please specify: _____

Is the camper currently undergoing any form of medical or psychological treatment, including medication? Yes No

If Yes, Is any daily medication required? Yes No

If yes, please specify: _____

Will the camper be bringing any prescription or non-prescription medication to camp? Yes No

*If Yes, please fill out the additional form attached listing medications and dosing schedule. This **must** be turned in at Check-In the first day of camp or mailed in with your registration form.*

Is the camper allergic to any food or any medication or insect stings? Yes No

If yes, please specify: _____

List any surgeries or serious injuries in last two years:

Doctor: _____

Doctor Phone: (_____) _____

In the event that the listed parent cannot be reached, the next emergency contact is:

Name: _____

Emergency Phone: (_____) _____

Camper's Church _____

Camper's Name: _____

Address: _____

City: _____ Zip Code: _____

Grade (completed): _____ D.O.B. ____/____/____

Male

Female

Cabin Partner Request: _____

E-mail address: _____

Parent/Guardian: _____

Home Phone: (_____) _____

Parent Cell Phone: (_____) _____

Parent Work Phone: (_____) _____

T-Shirt: YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___

Office Use ONLY:

Registration : **Payment :** **Registration #**

____ Early Registration	____ \$50 Deposit	_____
____ Late Registration	____ Full Payment	_____

KIDZ CAMP 2019

Permission Slip and Medical Release

Camper's Name Printed: _____ Age: _____ Camper's Church: _____

THIS REGISTRATION IS NOT VALID WITHOUT THE FOLLOWING TWO SIGNATURES:

1. Campers Declaration:

I will fully cooperate with the staff, rules and program established for the camp so as to not discredit my parents, my church or myself.

Camper's Signature: _____ Date: ____/____/____

2. Parental Release:

I agree that my above-named son/daughter may attend the Kearney First Baptist **Kidz Camp** at LifeChange Camp in Clinton, MO and agree to him/her taking part in all of the activities described below, with the exception of those listed. I acknowledge that these activities involve the risk of serious injury or death. I acknowledge the need for responsible behavior and obedience on his/her part.

The program may include: water activities (such as swimming, kayaking, etc... in which students would be participating in at the lake), sporting activities/all camp games/team sports/field games (such as basketball, dodge ball, volleyball, archery, nine square), and mingling with other individuals and groups. Specific activities may be excluded or added—please contact the Camp Director if you have any questions or concerns.

Please exclude my child from participating in: _____

I give permission for staff to give my son/daughter the following:

Acetaminophen - Tylenol or Generic:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aspirin:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ibuprofen - Advil or Generic:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antihistamine - Benadryl or Generic:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough Suppressant - Robitussin or Generic:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Decongestant - Sudafed or Generic:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydrocortisone Ointment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antibiotic Ointment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Antacid - TUMS, Mylanta, Maalox or Generic:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I understand that I am responsible for my child's actions and will be held financially responsible for any damage done by my child and will pay for any and all repairs incurred by such damage. I give permission for media shots of my child to be used for **Kidz Camp** informational and promotional purposes. I give permission for my child to ride in chartered buses or vehicles used for camp trips or camper transport. I understand that the deposit submitted with this application is non-refundable (contact Kearney First Baptist about the possibility of transferring it to another student). I understand that the last day to cancel participation to receive back the refundable portion of camp cost is July 7, 2019. I will contact the Camp Administrator directly to cancel participation and understand that fees will be refunded me within 14 days.

Declarations

In the event of an accident or an illness during this event that needs immediate treatment, I agree to my son/daughter receiving first aid & medical treatment from qualified practitioners, including life-saving treatments, as may be considered necessary by a licensed medical provider.

I also authorize the transportation of my child, by ambulance if necessary, to the nearest available medical facility.

I understand the extent & limitations of the insurance coverage as provided by the organization sponsoring the event, and that my medical insurance is primary, unless otherwise specified.

I will inform the leaders of the event as soon as possible if there is any change in medical circumstances regarding my child between the date signed below and the start of this event.

Signature: _____ Date: ____/____/____

Name Printed: _____

First Baptist Church **Kidz Camp** Medication Dosing Form

If your camper will be bringing ANY prescription or non-prescription medication to camp, please complete this form to help us ensure all students receive medication on the proper schedules. All medications must be turned in to and will be administered by the camp nurse.

Please list all medications your camper will be bringing. Please indicate if the medication is "AS NEEDED" in the Other Times" column.

Camper Name:	
Camper Church:	
Parent Name:	
Parent Contact:	
Cabin Number:	Camp Use Only
Cabin Leader:	Camp Use Only

Medication	Purpose	Notes/Comments	Dose Amount	Breakfast	Lunch	Dinner	Bedtime	Other Times
CIRCLE TIMES WHEN MEDICATION MUST BE GIVEN								
				BREAKFAST	LUNCH	DINNER	BEDTIME	
				Camp Use Only (X after meds are given)	S[] M[] T[] W[]	S[] M[] T[] W[]	S[] M[] T[] W[]	S[] M[] T[] W[]
				BREAKFAST	LUNCH	DINNER	BEDTIME	
				Camp Use Only (X after meds are given)	S[] M[] T[] W[]	S[] M[] T[] W[]	S[] M[] T[] W[]	S[] M[] T[] W[]
				BREAKFAST	LUNCH	DINNER	BEDTIME	
				Camp Use Only (X after meds are given)	S[] M[] T[] W[]	S[] M[] T[] W[]	S[] M[] T[] W[]	S[] M[] T[] W[]
				BREAKFAST	LUNCH	DINNER	BEDTIME	
				Camp Use Only (X after meds are given)	S[] M[] T[] W[]	S[] M[] T[] W[]	S[] M[] T[] W[]	S[] M[] T[] W[]