

# Kidz Kamp Registration Form - Complete both sides

## CHILD'S INFORMATION: *PLEASE PRINT NEATLY, one form per child*

First Name	Last Name	Preferred Name for nametag	Boy/Girl
Date of Birth (Month/Day/Year)	Age	Grade entering (Fall 2018)	
Home Address	Apt./Lot#	City	Zip Code
Parents/Guardians Name		Cell Phone	Home Phone
Parent E-Mail address		Best Contact ( <i>email, cell # etc...</i> )	

Emergency Contact Name (other than parent)	Relationship to Child	Contact's Phone Number	
<b>Child's shirt size:</b> <input type="checkbox"/> Youth Small 6 <input type="checkbox"/> Youth Medium 8-10 <input type="checkbox"/> Youth Large 12-14 <input type="checkbox"/> Other _____ <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X Large <input type="checkbox"/> Adult 2 X	<b>How did you discover Kidz Kamp?</b> <input type="checkbox"/> Mailing <input type="checkbox"/> Relative <input type="checkbox"/> Returning <input type="checkbox"/> Sign <input type="checkbox"/> School _____ <input type="checkbox"/> Friend <input type="checkbox"/> Facebook <input type="checkbox"/> Rivertree <input type="checkbox"/> TWC <input type="checkbox"/> Website		
		<b>Does your family have a home church:</b> NO    YES: _____	

## HEALTH HISTORY: *Please list any medical issues or other concerns we should know about*

### ANY ALLERGIC REACTIONS: Plant, Food, Insects, Medicine, etc.

Food Allergies: \_\_\_\_\_ Treatment: \_\_\_\_\_  
 Other Allergies: \_\_\_\_\_ Treatment: \_\_\_\_\_

## CHOOSING KAMP CLASSES: *Kampers must be entering 1st-6th grade in Fall 2018*

*Kids take three classes (one per session) and attend those classes each day. Please number your choices 1-5 for each Session. Choice # 1 being the class your child would most prefer in that Session. Done correctly, you will have given 15 choices (5 per session). Every effort will be made to grant your child's 1st choices, however classes are filled on a first come, first serve basis!*

**\*\*Special Requests:** My child would like to be placed with:  
 Friends name: \_\_\_\_\_

### **Parents Please Note:**

- If requested for siblings or friends to be placed together, the **older child** will be placed with the younger child's classes.
- \*\*If requested that your child be placed with a friend, please be sure both registration forms select the same session choices and if possible return the registration forms together.**
- Choices cannot be guaranteed as classes are arranged by grade and there is a limited number of students per class.
- Summer heat can be an issue. Please limit your child to no more than 2 active outside classes.

<u>Session A</u>	<u>Session B</u>	<u>Session C</u>
<input type="checkbox"/> Archery	<input type="checkbox"/> Basketball	<input type="checkbox"/> Duct Tape
<input type="checkbox"/> Clay Creations	<input type="checkbox"/> Wired-to-Wire	<input type="checkbox"/> Game Show
<input type="checkbox"/> Jewelry	<input type="checkbox"/> Culinary Kamp	<input type="checkbox"/> Kidz Wrestle -Mania
<input type="checkbox"/> Sports Enthusiast	<input type="checkbox"/> Show Stopper	<input type="checkbox"/> Outdoor Adventures
<input type="checkbox"/> Drivers Training	<input type="checkbox"/> Kamp Day Spa	<input type="checkbox"/> Pinterested
<input type="checkbox"/> Kaboom!	<input type="checkbox"/> Wilderness Survival	<input type="checkbox"/> Splash Zone

### FOR OFFICE USE ONLY PLEASE

Date Received: \_\_\_\_\_ Registration #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Form Complete Y or N - Contacted: \_\_\_\_\_ Lunch \_\_\_\_\_

# Registration: Deadline June 10<sup>th</sup>

**No refunds will be made after the registration deadline**

**Cost:** \_\_\_\_\_ \$50.00 for 1st child \_\_\_\_\_ \$40.00 for each additional child per family

**An additional \$5 charge per child does apply for any registrations received after the deadline.**

*Please enclose check or money order with completed forms to the following address.*

**Checks Payable to:** Trinity Wesleyan Church ATTN: Kidz Kamp, 620 Robinson Rd.,  
Jackson, MI 49203

## Kidz Kamp 2018 Liability / Photo Release

### Release of All Claims

I/We, the undersigned parent(s) or legal guardian(s) for \_\_\_\_\_, do hereby release, forever discharge and agree to hold harmless Trinity Wesleyan Church (Kidz Kamp) and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child in the course of participation in Kidz Kamp 2018 on June 25th - 28th of 2018.

Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences.

I/We give authorization for the church to provide all necessary food and drink. We have made any dietary or food allergies known to Kidz Kamp Staff and will provide our own food if the supplied menu will not meet our needs.

I/We give our permission for our child to participate in the aforementioned activity, and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred.

Should our child have to return home early for medical or disciplinary reasons, we hereby assume any costs incurred.

I/We understand during Kidz Kamp, staff members will be taking pictures that will be used during Expo Night and possibly in future publications and/or on the Trinity Wesleyan Church website. **Please check one of the following:**

\_\_\_\_\_ *I hereby grant Kidz Kamp the right to take and utilize photographs, video or any other audio or visual media of my child participating in Kidz Kamp activities for the purpose of illustration, promotion, and advertising.*

\_\_\_\_\_ *Please do not use pictures of my child.*

\_\_\_\_\_  
PRINT Father/Legal Guardian's Name

\_\_\_\_\_  
PRINT Mother/Legal Guardian's Name

\_\_\_\_\_  
Father/Legal Guardian's SIGNATURE

\_\_\_\_\_  
Mother/Legal Guardian's SIGNATURE

\_\_\_\_\_  
Physician's Name and Phone Number

\_\_\_\_\_  
Insurance Company and Policy Number