

# 2018 Kamp Kaleidoscope Registration Form



Camper's Name \_\_\_\_\_ Grade entering \_\_\_\_\_

Gender  M  F

Address \_\_\_\_\_ City \_\_\_\_\_, IN Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Circle T-Shirt Size youth: XS S M L adult: S M L XL

Parent/Guardian #1 Name \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact in the event that we are unable to reach you. Please notify those listed:

Name 1 \_\_\_\_\_ Phone #s \_\_\_\_\_ Relationship \_\_\_\_\_

Name 2 \_\_\_\_\_ Phone #s \_\_\_\_\_ Relationship \_\_\_\_\_

In addition to those listed above, the following have permission to pick up my child:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Anyone to whom your child SHOULD NOT be released? \_\_\_\_\_ Custody agreement on file? \_\_\_\_\_

Does your child have any allergies? YES NO If yes, please explain \_\_\_\_\_

Does your child take any medication? YES NO If yes, please list \_\_\_\_\_

Does your child have any special needs, school IEP or diagnosed health conditions? YES NO

If yes, please mark appropriate category:

allergy  asthma  visually impaired  physically disabled  hearing impaired

IEP  Autism  Other

How did you hear about Kamp Kaleidoscope? \_\_\_\_\_

## Kamp Kaleidoscope Permission Form

I give permission for my child to participate in all Kamp Kaleidoscope activities, field trips, and swimming trips during the summer program. I understand that reasonable precautions will be taken to safeguard my child on these excursions. I will not hold Trinity Wesleyan Child Care Ministries or any of its employees responsible for any accidents or material loss that might occur.

I give permission for my child to be included in any media coverage to be used for Kamp Kaleidoscope publicity including, but not limited to, newsletters, brochures, newspaper, radio, TV, website, and other electronic media.

**I have read, understood, and will abide by the terms stated above. I have also received a copy of the 2018 Kamp Kaleidoscope Handbook and will abide by its policies.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_