

2019 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** _____

Address _____ Work # _____ Cell # _____

Parent/Guardian #2 Name _____ **E-mail** _____

Address _____ 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 2019 Kamp Kaleidoscope Handbook and will abide by its policies.

Parent/Guardian Signature _____ Date _____