

2019 Kamp Keirse Registration

Please mail complete form with your fee to:

Kamp Keirse
10002 NW State Rt. J
Amsterdam, MO 64723

For Office Use Only
Camp _____
Date Paid _____
Check No. _____
Amount Pd. _____
Paid By _____

Camper's Name _____ Age _____ Birth Date _____ Male _____ Female _____

Parent's/Guardian's Name _____ Phone (Day) _____ (Night) _____

Street Address _____ City/State _____ Zip _____

Grade Completed _____ Church you attend _____ Email Address _____

Camp eligibility is determined by the grade completed.

T-shirt size (Circle one): Child Size S M L Adult Size S M L XL XXL

Additional emergency contact(s) (in case we can't reach you): _____

Name of person who will pick up your child at the end of camp? (Note: camper will not be released to any other person) _____

CAMP DATES FOR 2019

(Please mark the camp you will be attending)

Camp I am Attending:	Camp	Camp Dates	Early Registration Fee	Fee if received less than 3 weeks before camp
	Junior High Camp All who have completed Grades 7 – 8	4:00 p.m., June 16 – 3:00 p.m. June 20	\$105.00 (Includes ALL snacks. Don't bring any other money.)	\$120.00 if received after May 26, 2019
	Day Camp Age 4yrs. thru just completed Kindergarten	9:30 a.m. – 3:00p.m., June 22 Registration starts @ 9:00 a.m.	\$25.00 (Includes all Materials & snacks) Adult – No Charge	\$25.00
	Girls' Camp Girls who have completed Grades 4 – 6	4:00 p.m., June 23 – 3:00 p.m., June 27	\$105.00 (Includes ALL snacks. Don't bring any other money.)	\$120.00 if received after June 2, 2019
	Children's Overnight Camp All who have completed Grades 1 – 3	9:30 a.m., July 1 – 3:00 p.m., July 2	\$40.00 (Includes all Materials & snacks) Adults – No Charge	\$50.00 if received after June 14, 2019
	Boys' Camp Boys who have completed Grades 4-6	4:00 p.m. July 7 – 3:00 p.m., July 11	\$105.00 (Includes ALL snacks. Don't bring any other money.)	\$120.00 if received after June 16, 2019
	Sports Camp All who have completed Grades 4 – 8	4:00 p.m., July 14 – 3:00 a.m., July 18	\$105.00 (Includes ALL snacks. Don't bring any other money.)	\$120.00 if received after June 23, 2019
	Senior High Youth Camp All who have completed Grades 9 - 12	4:00 p.m., July 21 – 3:00 a.m., July 25	\$105.00 (Includes ALL snacks. Don't bring any other money.)	\$120.00 if received after June 30, 2019

**PLEASE MAIL ALL OF YOUR CAMP FEE WITH THIS APPLICATION TO THE ADDRESS ABOVE
 PLEASE MAKE A SEPARATE APPLICATION FOR EACH CAMP YOUR CHILD(REN) WISH(ES) TO ATTEND.**

My child is attending **DAY CAMP** or **CHILDREN'S OVERNIGHT** and I plan to stay at camp with them: _____

PERMISSION FORM

By signing this form the parent and camper understand and agree to the "CAMPER RULES" and also give Kamp Keirse permission to publish the camper's photograph on its website and promotional information.

I give my permission for _____ to participate in activities associated with Kamp Keirse:

_____ (YES or NO) To swim with camp supervision _____ (YES or NO) I give my permission for emergency medical treatment.

Signature _____ Relationship _____ Date _____

Are there any activities you do not want your camper participating in? If so, please specify here _____

PLEASE COMPLETE THE MEDICAL HISTORY AND OTHER CAMP INFORMATION ON THE BACK OF THIS FORM

PERMISSION TO LEAVE CAMP

(Camper) _____ needs to be gone from camp on (date) _____. He/she will be picked up by a parent or (other person) _____ at (time) _____ and will be returned to camp by (time) _____.

Signature _____ Relationship _____ Date _____

CAMPERS MEDICAL HISTORY

A mandatory head lice check will be made by an R.N. on all overnight campers at registration.

Has camper had, or does he/she have any of the following? (Yes/No & give approximate date if the answer is yes)

_____ Frequent colds	_____ Kidney trouble	_____ Bed Wetting Habit
_____ Frequent sore throat	_____ Heart trouble	_____ Athlete's foot
_____ Sinusitis	_____ Rheumatic Fever	_____ Sleepwalking
_____ Abscessed Ears	_____ Convulsions	_____ Stomach upset
_____ Bronchitis	_____ Fainting Spells	_____ Poliomyelitis
_____ Whooping Cough	_____ Diabetes	_____ Measles
_____ Chicken Pox	_____ German Measles	_____ Mumps

Camper has been immunized for: _____

Camper is allergic to: Poison Ivy _____ Poison Oak _____ Bee Stings _____ List other allergies _____

Please list **ALL** medications camper is taking _____

Suggestions from parents _____

Family Doctor _____ Address _____ Telephone Number ____ / ____ / _____

May we have permission to administer Tylenol, Benedryl, Mild Antacids, Calamine Lotion and/or Cortaid? _____ (Yes or No)

In case of emergency, if the Camp Director can't reach us, I give my permission for the Camp Director to seek medical attention.

Signature _____ Relationship _____

THE HOSPITAL OUR CAMPS WILL USE IS BATES COUNTY MEMORIAL HOSPITAL IN BUTLER, MO, UNLESS OTHERWISE SPECIFIED.

Important medical information that would be helpful _____

DAILY MEDICATIONS

Medication _____ Dose _____ What times? _____

Medication _____ Dose _____ What times? _____

Medication _____ Dose _____ What times? _____

Medication _____ Dose _____ What times? _____