



KY-TN KIDS CAMP at Cumberland Grove

Student Registration and Medical Forms



**Kids Camp is designed for students who have just completed Kindergarten, through students who have just completed 6th grade in the 2018-19 school year. Any exception to this guideline must be approved by the camp Director.*

PLEASE PRINT

Camper Name: _____ Gender: (circle one) M F
Date of birth: ___/___/___ Age: _____ Grade (*entering* in 2019-20 school year): _____
Address: _____ City _____ State _____ Zip _____
Parent Name: _____
Parent contact Phone: _____ Email: _____
Church: _____ Pastor: _____

Emergency contact #1

Name : _____ Phone: (____) _____ Relationship: _____

Emergency contact #2

Name : _____ Phone: (____) _____ Relationship: _____

Please check one:

- Full payment of registration fee (\$120, due by May 31st)
- Partial payment of registration fee (Amount enclosed _____)
- Registration form enclosed, payment will be made on Day 1 of camp (\$140.00)
- Partial week attendance: \$30/day (Amount enclosed _____)

I certify that all information on this form is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this camp. I give permission for _____ to attend Cumberland Grove Kid's Camp and hereby release KY-TN District or The Wesleyan Church from any legal or financial responsibility with respect to my personal or my student's personal participation.

I do do not give the camp permission to photograph, record, and utilize my child's likeness for promotional materials pertaining to the camp including Facebook.

ROOM ASSIGNMENT/ROOMMATE REQUESTS

***Note, due to the size and arrangement of the rooms, and special accommodations beyond our control, we may not be able to accommodate all room and roommate request. However, we will try our best to provide assignments as closely as we possibly can. We ask for your cooperation.*

Roommate requested (option 1): Name- _____ Church- _____
Roommate requested (option 2): Name- _____ Church- _____



Signature of Parent/Guardian _____ **Date:** _____

Please send this form and registration payment by **May 30, 2019** to: **Emily Stepp, 330 E. New Ave., Monterey, TN 38574**

Make checks payable to **TN Wesleyan Kids Camp**



MEDICAL INFO AND/OR EMERGENCY TREATMENT

KY/TN Kids Camp will have a registered nurse (RET.) on site for the entirety of the camp. The nurse's duties will include tending to minor injuries and/or major medical emergencies if necessary. Nurse will be required to record any medical needs on a standard "Incident Report". Nurse will also be responsible for maintaining and administering any medications according to information given by parent or guardian. Specificity on this portion of the form is of the utmost importance.

Camper Name _____

Current Age: _____

Indicate Medical history here

Condition	YES	NO	info
Last surgery, if any			(MM/YYYY), relevant detail:
Asthma			Last attack (MM/YYYY):
Bed wetting			Explanation, if necessary
Bleeding disorders			
Ear/Sinus problems			
Fatigue or shortness of breath with exercise			
Hypertension (high blood pressure)			
Lung/respiratory disease			
Psychiatric/psychological & emotional difficulties			Detail:
Sickle cell disease			
Sleep disorders (eg., sleep apnea)			
Thyroid disease			

Condition	YES	NO	info
Allergies (food or other)			
Abdominal/digestive problems			
Behavioral/neurological disorders			
Diabetes			Last HbA1c (percentage)
Fainting spells			Details:
Heart disease/heart attack/ chest pain/heart murmur			
Kidney disease			
Muscular/skeletal condition			
Seizures			Last seizure (MM/YYYY):
Sinus problems			
Stroke/TIA			
Vegetarian or other special diet			Explain

OTHER – explain _____

Medications/instructions: _____

Does child use CPAP? (Y / N)

Student covered by group or other medical insurance as follows:

Name of Insured: _____ Insurance company: _____

Group # _____ Policy # _____

Parent or Guardian, please check one and sign

_____ I give permission for immediate medical treatment as required in the judgment of the attending physician (*this includes over-the-counter medications such as Tylenol/Benadryl, etc.*). Notify me and/or another person listed above as soon as possible.

_____ I do not give permission for any medical treatment to be given until I am contacted.

Print Name: _____ Signature: _____ Date: _____

