

Kidz Kamp, July 10-13, 2018 Including Family Day (7/14)

For children who have completed 1st – 3rd Grades

Registration and Medical Release Form

Name _____ Age _____ Grade Completed _____

Church Group attending with: _____

Home Church (If you attend Church regularly which one) _____

No Home Church – attending with a friend (friend's name) _____

T-Shirt Size (Circle one) Youth S M L OR Adult S M L XL (All Campers receive a Camp T-shirt!)

Can your child swim: Yes Or No

Mother/Guardian Name: _____ Day Phone: _____

Father/Guardian Name: _____ Day Phone: _____

Home Phone: _____ E-Mail Address: _____

Home Address: _____

City: _____ Zip Code: _____

Other Names/Phones in case of emergency

Please return this form and the registration fee to the church office. All camp fees need to be processed through the church that brings the child to camp.

Medical Release The above named child is allergic to (list foods, contact type and medications)

List any medical conditions and/or limitations : _____

As an attending counselor or as a parent or legal guardian of the above named student, (or as an attendee on family day)** I understand that the KidzKamp carries NO medical or hospitalization coverage. Furthermore, I will not hold the KidzKamp staff or their affiliated churches liable for any accident that may occur while attending KidzKamp. In case of an emergency and inability to contact the parent/guardian or emergency contact, the KidzKamp staff and/or the church sponsors have my permission to proceed with any necessary medical treatment.

Name and phone number of child's physician: _____

Parent or Guardian's Signature (required) _____ Date Effective for the Day Camp – July 10-14, 2018

THIS FORM IS REQUIRED FOR EVERY CAMPER AND COUNSELOR. PLEASE MAKE A COPY FOR YOUR NEEDS THIS FORM SHOULD BE TURNED IN ON THE FIRST DAY OF CAMP

Family Day Attendees - \$10/person (do not include camper already registered)

Name	Relationship to Camper	**Medical Release See above and sign below	Paid \$10