

Week of Outreach and Mission Registration Form 2012

Please return this form to the Regional Office by Monday, June 4, 2012
Christian Church in Kentucky, 1125 Red Mile Rd., Lexington, KY 40504

ALL SECTIONS MUST BE COMPLETE – Please print CLEARLY – All information is very important

CAMPER INFORMATION – PRINT THIS INFORMATION. This information will be needed to contact you in an emergency. If we cannot read the form, it will be returned. If the Health Insurance info is not provided, the form will be returned. Please mail completed, signed form to the appropriate administration office..

Print Name		Home Phone	
Street			
City		State	Zip
Date of Birth	Grade Completed	<input type="radio"/> Male <input type="radio"/> Female	T-Shirt: S M L XL XXL (circle Adult or Youth)
Camper's Email Address – print clearly			
Church you regularly attend		City/State	
I would like to be in a cabin with		<i>(Final assignment at director's discretion.)</i>	
<input type="radio"/> Yes, the region/area has permission to photograph my child for promotional purposes including internet, newsletters and film. <input type="radio"/> No do not photograph my child.			

Parent/guardian Information Please print CLEARLY.

Parent Email _____ Name _____ Relationship to Camper _____ Address _____ City _____ Zip _____ Home Phone _____ Work Phone _____ Cell or pager _____	Parent Email _____ Name _____ Relationship to Camper _____ Address _____ City _____ Zip _____ Home Phone _____ Work Phone _____ Cell or pager _____
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Emergency Contact Information (Other than parent/guardian):

Name _____ Relationship to Camper _____
 Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____ Cell or pager _____

Camper Medical/Health Information Include a copy of the camper's family medical insurance card (front and back) with this registration. If this section is not complete, the form will be returned as an unprocessed application. If the camper is not insured, please check here .

Camper's Social Security # _____ (S.S. # is for medical purposes only)

Insurance Carrier

Policy# _____ **Group#** _____

Billing Address _____

Physician's Name: _____ Phone _____

Is camper in good health and able to participate in all normal camp activities? Yes No if NO explain) _____

List any recent illness, surgery or injury that may affect camper _____

Any diet restrictions _____

Known allergies to food _____

Known allergies to medications (penicillin, etc.) _____

Any of the following **allergies** or **conditions** to which the camper may be subject: ADD ADHD Asthma Eating Disorder
 Fainting Food Hay Fever Poison Ivy/Oak Other _____

Can camper have Tylenol or Ibuprofen as needed? Yes No

Medications: include dosage. Attach extra page if needed. **We cannot dispense medications unless in the proper container.** Check with your pharmacy for a labeled container.

Medication: _____	Medication: _____	Medication: _____
Dosage: _____	Dosage: _____	Dosage: _____
Frequency: _____	Frequency: _____	Frequency: _____

Medication: _____	Medication: _____	Medication: _____
Dosage: _____	Dosage: _____	Dosage: _____
Frequency: _____	Frequency: _____	Frequency: _____

Are there any medications that should **NOT** be given? (List) _____

Prescription medications MUST be in the original prescription container with the campers name, physician, and dosage directions on the label. The camp staff needs to know the number of dosages in the container upon arrival at camp.

PERMISSIONS AND RECOMMENDATIONS – SIGNATURES REQUIRED

1. **Parent/Guardian AUTHORIZATION & ENDORSEMENT:** I give my consent for _____ to attend the camp indicated above and to participate fully in the program. I understand that I will be held financially responsible for any repairs needed as a result of my child's actions. I also understand that my child will be sent home if behavior warrants. In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby grant permission to the physician selected by the camp staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for child while attending camp. I/We further release the camp director(s) and staff, Christian Church In Kentucky Region and Christian Church In Kentucky-West Area from responsibility and liability for any accidents or illnesses occurring during camp. I/We also authorize the camp director or medical supervisor to dispense non-prescription drugs (i.e. Tylenol; ibuprofen) if the situation warrants. I understand that the camping experience grows in intensity as the week progresses. I recognize that missing any part of the week compromises my child's experience of Christian community and affects both my individual child and the camp community as a whole. I know that the demands outside this camp event may be in conflict with the commitment to spend a week apart in Christian camping, and I have chosen to have my child spend a week at camp uninterrupted. Rules for Acceptance and Participation are the same for everyone without regard to race, color, national origin, age or gender. **Please indicate if there are any diagnosed emotional conditions or family serving in military, move, divorce, death, etc. that may affect camper?** _____

Parent/Guardian _____ Date _____

2. **Camper/Participant: I have read and agree to the following covenant...** I will be respectful to all persons and the camp environment at all times. I understand that possession of drugs, alcohol, tobacco or weaponry of any sort (knives, firearms, etc.) while at camp is prohibited and I will be sent home if these items are found in my possession. Radios, boom boxes, electronic entertainment devices, cell phones, pagers and beepers are disruptive to the camp community and I will not bring them to camp. I covenant to enjoy camp as an opportunity to come to know God through nature and through other people and I will participate fully in camp activities so I can get the most out of summer camp. I will not damage camp property and will be held financially responsible for any repairs needed as a result of my actions. I understand that food should not be brought to camp. I understand that I may be sent home for behaving consistently in a way that does not reflect Christian love and grace.

Camper _____ Date _____

3. **Pastor:** I understand the camping program is an integral part of the education ministry of the total church and I will help this camper understand the purpose of church camp, talking to him/her before and after camp about its meaning. **If there are emotional, psychological or family issues that might affect the camper and/or the camp, I will inform the director or camp office about these before the start of camp.**

Pastor's Signature: _____ Church Phone: _____

Church Address: _____

Liability: The Christian Church In Kentucky is not responsible for personal items that are lost, stolen or broken at camp.
Camper/Parent Please initial. _____