KIDS KAMP 2024

ONE: WINNING ON TEAM HOLY SPIRIT

LEADER'S REGISTRATION FORM

Camp Date: July 22-26, 2024

Registration Deadline: July 1, 2024

Staffed by HCN Churches

Fee: $25.00 (food and shirt)

Circle a T-shirt Size:

Adult Sizes: S M L XL XXL

Church Attending with: _____

If the person is over 18, I can verify they have a background check on file. Yes No

I recommend this person as a ☐ Leader ☐ Jr. Leader:

_____

Signature of Senior Church Staff Member

Jr. Leaders MUST be 14 or older and have their pastor's recommendation AND be approved by the Camp Director, Crystal Beland.

AUTHORIZATION TO PARTICIPATE

(Under 19 MUST have signature of Parent or Guardian)

This permission is given by me with the knowledge of the conditions and activities planned during the event. I know of no physical or mental disability which would impair my participation except as noted below or on the reverse side of this form.

MEDICAL CARE AUTHORIZATION

I understand that in the event of illness or injury, every reasonable effort will be made to provide proper and prompt medical attention and to receive verbal authorization from me before medication is prescribed or medical procedures are begun; however, I do hereby authorize the camp nurse, physician, and/or hospital to undertake such treatment of and perform such services (including surgical services) for the individual named above as are reasonably indicated by the circumstances without such authorization. Telephone numbers where my emergency contact may be reached:

Emergency Contact Name:

_____

Phone Numbers:

_____

_____

_____

Signature for authorization

(Under 19 MUST have signature of Parent or Guardian)

_____

Date of authorization

LEADER INFORMATION*

*This form is to be completed by the Jr. Leader's parent or legal guardian and MUST be returned before the individual may attend Kid's Kamp.

Name: _____

Preferred Name for nametags:

(*Pastor, Mr., Mrs., Ms.*) _____

Phone Number: _____

Gender: Male Female Date of Birth: __/__/____ Age: _____

Mailing Address: _____

E-Mail Address: _____

Which age group do you work best with? 3rd 4th 5th 6th

Jr. Leaders ... What excites you the most about camp?

_____

All Leaders MUST complete and attach the Medical Information Form

Return $25 Fee & Completed Forms to Your Church Appointed Camp Coordinator

Make Checks Payable to Your Church.

If you are under 19, this form requires a parent or guardian to sign (lower left of the form)

KIDS KAMP 2024

ONE: WINNING ON TEAM HOLY SPIRIT

MEDICAL INFORMATION FORM

If the Leader/Jr. Leader is NOT covered by insurance, please sign the following statement:

I hereby state that I have no health insurance in force at the present time that covers the above named leader.

_____ _____

Signature Date

HEALTH INSURANCE COVERAGE

Our camp has an insurance program to pay for the medical expenses of injuries that result from an accident that occurs while anyone is involved in an event sponsored by us. Our policy DOES NOT cover illness. Furthermore, our insurance is SUPPLEMENTAL to the insurance you carry yourself. Our policy will pay whatever your insurance does not pay (including deductibles) of any covered expense up the limit of our policy. If you do not have medical insurance, our policy will pay for all covered expenses up to the limit of our policy. If medical care is needed, expenses will be billed to you and/or your insurance company. You may attach a copy of your medical card, but it is not required.

Policy Holder's Name:_____

Relationship to Attendee (*if other than self*):_____

Health Insurance Company:_____

Policy Number:_____

Address of Insured (*if different than attendee*):

_____

Address of Insurance Company:_____

EMERGENCY CONTACT INFO

Emergency Contact #1:

Name:_____

Phone:_____

Emergency Contact #2:

Name:_____

Phone:_____

ATTENDEE'S INFORMATION

This form is to be completed by the participant's parent/guardian if under 19 or by your self if you are a leader. This form MUST be returned before the individual may attend camp as a LEADER.

Name:_____ Date of Birth: _____

Age: _____ Weight: _____ *(only required if under 19 years of age)*

CHRONIC MEDICAL ISSUES

Please place a check next to any chronic issues the leader has and include any specific information that the camp staff needs to know

- ☐ None
- ☐ Asthma
- ☐ Bed-Wetting
- ☐ Bleeding Disorders
- ☐ Heart Defect/Disease
- ☐ Diabetes
- ☐ Behavioral
- ☐ Ear Infections
- ☐ Other (specify):

ALLERGIES

Please place a check next to any allergies the leader has and include any specific information the camp staff needs to know

- ☐ None
- ☐ Food
- ☐ Plants/Pollen
- ☐ Insect Bites
- ☐ Animals
- ☐ Medicine/Drugs
- ☐ Other (specify):

LIST ALL MEDICATIONS, DOSES, & TIMES ON BACK

DAILY MEDICATION LOG

MEDICATION INFORMATION

Any medications sent to camp need to have detailed instructions printed on the bottle/package. If your child has multiple medications, please put them all in a large zip-loc bag labeled with your child's name & a phone number where you can most easily be reached. We have an excellent nurse who dispenses all of our medications, but we need legible and complete instructions. Thank You!

Do not forget to list (and send along) frequently used Over-the-Counter medications for allergies, pain, stomach ache, etc...

Attendee's Name: _____ Team Color: _____

Date of Birth: _____ Camp Counselor: _____

Address: _____ EC Name: _____

Allergies: _____ EC Phone: _____

Medication	Monday	Tuesday	Wednesday	Thursday	Friday

OTC MEDICATIONS

By checking the boxes I, the parent or guardian of the attendee, grant permission for the nurse to administer these OTC medications

- ☐ Acetaminophen
- ☐ Benadryl
- ☐ Ibuprofen
- ☐ TUMS
- ☐ Throat Lozenges
- ☐ Claritin

☐ **I, THE PARENT OR GUARDIAN OF THE ATTENDEE, DO NOT AUTHORIZE THE ADMINISTRATION OF THESE OTC MEDICATIONS WHILE AT CAMP**

_____ _____

Parent's Signature Date