



Year: _____

Christian Camp Registration Form

PO Box 71 ~ 544 Grassy Branch Rd. ~ Brodhead, KY 40409 ~ Phone 606-758-8811 (Mgr. 606-758-9257)

Registration for (please circle one):

- | | |
|--|-----------------------------------|
| DAY CAMP - 1 Day Only (completed PK/K) | MIDDLE (completed 6th/8th) |
| FIRST CHANCE - 2 Nights (completed 1st/2nd) | HIGH (completed 9th/12th) |
| ELEM. (completed 3rd/5th) | OTHER: |

(Registration must match Age & Grade Completed - See separate form for dates)

Please Complete **ALL** Information & Signatures ~ **Front & Back** (Please Print Clearly or Type)

Camper Information

| | |
|--|------------------|
| Camper's Name: | T-Shirt size: |
| Address: | Male / Female |
| City: State: | Birth date: |
| Zip Code: | Age: |
| Home Phone: | Grade Completed: |
| Church You Attend: | Minister: |
| Have You Been Baptized (Immersed) Y / N | |
| Will camper be leaving during the week for any reason? (explain) | |

Parent / Legal Guardian Information

| | |
|---|-------------|
| Father's Name or Guardian: | Home Phone: |
| Address: | Work Phone: |
| City: State: Zip Code: | Cell Phone: |
| Email Address: | |
| Mother's Name or Guardian: | Home Phone: |
| Address: | Work Phone: |
| City: State: Zip Code: | Cell Phone: |
| Email Address: | |
| PLEASE NOTE: Anyone over the age of 18 staying overnight on camp grounds must have a background check on file with the camp. This includes KCA directors, advisors, camp personnel & staff, christian college student teams, and parents. (\$10 fee may apply) | |

Emergency Contact (Information to be used if parent / guardian cannot be reached)

| | |
|------------------------------------|-------------|
| Name (Other than Parent/Guardian): | |
| Home Phone: | Cell Phone: |

Church Paid Camper Fees & Authorization

| | |
|--|------------------------|
| If a Church is paying All or Part of your camp fee, the Church Minister or Director MUST complete & sign this section for authorization. (This will NOT come from KCA Scholarship Funds) | For Office Use: |
| Amount being paid by church: \$ | Paid () Bill () |
| Minister/Director of Church: _____ | |

Method of Payment

(Make Checks Payable to K.C.A.)

| | | | | |
|---|------|-------|-------------------------|-----------------------------|
| Payment Method (Circle): | Cash | Check | Church Paid (see above) | KCA Scholarship (see below) |
| Amount Paid: _____ | | | | |
| Signature of person who received payment: _____ | | | | |

K.C.A. Scholarship Request & Authorization

*You may **REQUEST** a KCA Scholarship through a KCA affiliated church. KCA Scholarships are different than a church paying your camper fee. Scholarships **NEED TO BE CONFIRMED PRIOR TO YOUR ARRIVAL AT CAMP**. And the KCA Minister or Director through whom you made the request **MUST** sign this section for authorization.*

| | |
|-------------------|----------------------|
| Amount Needed: \$ | Authorized by: _____ |
|-------------------|----------------------|

IF SOMEONE OTHER THAN PARENT/GUARDIAN WILL BE PICKING UP CAMPER ON FRIDAY - WHO:

(For Office / Dismissal Use) Picked up by: _____ (Date & Time) _____

Camper _____ Camp Mgr. / Dean Initials _____

Payment Information

Medical Information

| | | | | | | |
|---|----------------------|------------------------------|----------------|-------------------|-----------------------------|----------|
| Date of Last Tetanus Booster | | Vaccines Up To Date Y / N | | | | |
| Allergies : (Circle all that apply) | Poison Ivy | Penicillin | Hay Fever | Bee Sting | Food (Indicate which foods) | |
| | My Child My Receive: | Tylenol Y / N | Advil Y / N | Benadryl Y / N | | |
| My Child has the following conditions (Circle all that apply) | Asthma | Epilepsy | Sleepwalks | Ear Infections | Heart Disease | Diabetes |
| | ADD / ADHD | Other (Please List) | | | | |

Medications

All Medications Must be brought in the original container with the current dosage correctly Printed on the label. All Medications Must be turned in at the time of check-in **~NO EXPEPTIONS~**

| Name of Medication | Dosage | Reason for Taking |
|--------------------|--------|-------------------|
| | | |
| | | |
| | | |

Please attach a sheet if medications list exceeds the space provided. If additional sheet is attached, please check here:

Health Insurance Provider (Please Complete Fully)

| | |
|---------------------------------|-------------|
| Insurance Company: | |
| Insurance Company Phone Number: | |
| Insured's Name: | Group No.: |
| Insured's Date of Birth: | Policy No.: |

Waiver of Liability

THIS SECTION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN BEFORE CAMPER WILL BE ALLOWED TO ATTEND CAMP.

I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL LEARNING OPPORTUNITES, RECREATIONAL ACTIVITIES & SWIMMING, AND TO BE BOUND BY ALL CAMP POLICIES IN FORCE.

I DESIRE THAT MY CHILD PARTICIPATE IN THE FULL RANGE OF CAMP ACTIVITIES. I ALSO ACKNOWLEDGE THE NATURAL CONDITION OF THE CAMP AND THE INTERACTIONS WITH OTHER CHILDREN OF VARIOUS AGES MAY SUBJECT MY CHILD TO RISK OF INJURY ON & OFF CAMP PREMISES.

I THEREFORE RELEASE THE CAMP FROM ANY RESPONSIBILITY OTHER THAN NORMAL SUPERVISION AND CARE. IN CASE OF ACCIDENT, I WILL NOT HOLD KENTUCKY CHRISTIAN ASSEMBLY, ITS STAFF, MANAGEMENT, FACULTY, VOLUNTEERS, OR OFFICERS LIABLE. FURTHER, I WAIVE ANY AND ALL CLAIMS OR CAUSES OF ACTION AGAINST THE FOREGOING PARTIES WHICH MAY ARISE AS A RESULT OF AN ACCIDENT OR AN INJURY TO MY CHILD AT KENTUCKY CHRISTIAN ASSEMBLY CAMP.

IN CASE OF EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP MANAGEMENT OR DEAN TO SECURE PROPER TREATMENT FOR MY CHILD AS NAMED ON THIS FORM. DOCTOR CALLS, TREATMENT OR HOSPITALIZATION ARE TO BE CHARGED TO OUR FAMILY INSURANCE.

I UNDERSTAND THAT KENTUCKY CHRISTIAN ASSEMBLY CAMP AND ITS STAFF WILL NOT BE HELD RESPONSIBLE FOR ANY ARTICLES LOST, STOLEN, BROKEN OR LEFT AT CAMP.

I GIVE MY PERMISSION FOR MY CHILD TO LEAVE CAMP GROUNDS FOR VARIOUS SERVICE OR FUN RELATED ACTIVITIES UNDER THE SUPERVISION OF THE DEAN OR HIS DESIGNATED ADULT FACULTY MEMBER. I WILL NOT HOLD KENTUCKY CHRISTIAN ASSEMBLY RESPONSIBLE FOR ANY INJURIES THAT MAY OCCUR WHILE AWAY FROM THE CAMP.

BY REGISTERING MY CHILD IN THE PROGRAMS OF KENTUCKY CHRISTIAN ASSEMBLY, I GIVE MY CONSENT FOR THE CAMP TO USE MY CHILD'S PHOTOGRAPH IN CAMP PROMOTION AND PUBLICITY.

BY REGISTERING MY CHILD IN THE PROGRAMS OF KENTUCKY CHRISTIAN ASSEMBLY, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND UNDERSTOOD THE POLICIES IN THE CAMP HANDBOOK (REV. 2007).

MY SIGNATURE AFFIRMS ALL OF THE ABOVE STATEMENTS AND PERMISSIONS.

PARENT/GUARDIAN SIGNATURE: X

Swimming Information

(Day Camp & First Chance do not go to the pool, but should bring swim suits for water games)

My Child knows how to swim (please circle one) **Not at All** **Some** **Well (allowed in deep water)**

Based on the above, I understand my child will be issued a colored wristband (**RED** or **GREEN**) to identify his/her swimming ability. (Not applicable to Senior Camp)

My Child has my permission to swim while at camp.

Parent / Guardian Signature: X

Spiritual Decision Made at Camp: (Please Check what is applicable to you / your child.)

My child Has Has Not accepted Jesus Christ and been baptized.

I have Have not talked with my child about accepting Jesus.

I do Do Not believe my child understands that Jesus is the Son of God and the He died for our sins.

I do Do Not want to be notified if my child decides to be baptized while at camp. (even if it is late at night)

I would Would Not want to talk to my child myself before he/she is baptized.

I would Would Not prefer my child be baptized at our home church rather than at camp - or to have our own minster baptize my child at a later date.