



Kentucky Christian Assembly Registration Form

PO Box 71, 544 Grassy Branch Road
 Brodhead, Kentucky 40409
 606-758-8811
www.kcacc.org email - kca@kcacc.org

Registration for: Circle Week

DAY CAMP (completed PK/K) – June 27, 2015 **MIDDLE** (completed 6th-8th) – June 14 - 19, 2015
FIRST CHANCE (completed 1st/2nd) – July 1 - 3, 2015
ELEMENTARY (completed 3rd-5th) – June 7 - 12, 2015 **SENIOR** (completed 9th-12th) – June 21 -26, 2015

CAMPER INFORMATION			
Camper's Name:		T-Shirt Size	
Address:		Male/Female	
City:	State	Zip Code	Birth Date
Home Phone:		Age	
Church You Attend		Minister	
Have You Been Baptized? Y / N			
Will camper be leaving during the week for any reason? (explain)			
If anyone other than parent/guardian will be picking up camper at any time, please list names.			
Parent/Legal Guardian Information			
Father's or Guardian's Name		Home Phone	
Address:		Work Phone	
City:		Cell Phone	
Email Address			
Mother's or Guardian's Name		Home Phone	
Address:		Work Phone	
City:		Cell Phone	
Email Address			
<i>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 Advisors, Directors, camp personnel & staff, and parents. Contact the camp for information. \$20 fee may apply</i>			
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)			
Amount being paid by church: \$		Minister/Director	
Method of Payment			
(Make check payable to KCA)			
Payment Method:	Cash	Check	Church Paid (see above) Scholarship (see below)
Amount Paid:	Signature of person receiving payment		
KCA Scholarship Request & Authorization			
<i>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 ARRIVAL AT CAMP. The KCA Minister or Director through whom you made the request MUST sign this section for authorization.</i>			
Amount Needed: \$		AUTHORIZED BY:	
Medical Information			

Vaccinations Up To Date: Y / N		List food allergies:	
Allergies: (Circle all that Apply) Poison Ivy Hay Fever Bee Sting Other:			
My Child May Receive: Tylenol Y / N		Ibuprofen Y / N Benadryl Y / N	
My Child has the following conditions (Circle) Asthma Epilepsy Sleepwalks Ear Infections Heart Disease Diabetes ADD/ADHD Other:			
Medications			
All medications MUST be brought in the original container with the current dosage and child's name correctly printed on the label. All medications (including over-the-counter) must be turned in at the time of check-in. NO EXCEPTIONS			
Name of Medication		DOSAGE REASON FOR TAKING	
Please attach a sheet if medications list exceeds space provided.			
Health Insurance Provider (Please complete fully)			
Insurance Company		Insurance Company Phone	
Insured's Name		Group No:	
Insured's Date of Birth		Policy No	
Waiver of Liability			
THIS SECTION MUST BE SIGNED BY PARENT/GUARDIAN BEFORE CAMPER WILL BE ALLOWED TO ATTEND CAMP.			
<ul style="list-style-type: none"> I give my permission for my child to participate in all learning opportunities, 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 and 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 and 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. In case of emergency, I hereby give permission to the physician selected by the camp management or dean to secure proper medical treatment for my child named on this form. Doctor calls, treatment or hospitalization will be charged to my insurance. I understand that Kentucky Christian Assembly and its staff will not be held responsible for any articles lost, stolen, broken or left at camp. I give 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 and its staff will not be held responsible for any articles lost, stolen, broken or left at camp. I give 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 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 in camp promotion and publicity including the camp website. 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 2013) 			
MY SIGNATURE AFFIRMS ALL OF THE ABOVE STATEMENTS AND PERMISSIONS.			
PARENT/GUARDIAN SIGNATURE:			
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 (circle) 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 their swimming ability			
My Child has permission to swim at camp. Parent/Guardian Signature:			
Spiritual Decision Made At Camp: Please check what is applicable to your child			
My child has <input type="checkbox"/> has not <input type="checkbox"/> accepted Jesus Christ and been baptized.			
I have <input type="checkbox"/> have not <input type="checkbox"/> talked to my child about accepting Jesus.			
I do <input type="checkbox"/> do not <input type="checkbox"/> believe my child understands that Jesus is the Son of God and he died for our sins.			
I do <input type="checkbox"/> do not <input type="checkbox"/> want to be notified if my child decides to be baptized while at camp (even if late at night).			
I would <input type="checkbox"/> would not <input type="checkbox"/> want to talk to my child before they are baptized.			
I would <input type="checkbox"/> would not <input type="checkbox"/> prefer my child to be baptized at our home church rather than at camp – or to have our own minister baptize my child at a later date.			