

Southern Idaho Ministry Network
Summer Camps 2018

TEEN CAMP

Grades 6 - 12

(Ages 12 - 18)

June 29th - July 3rd

Friday to Tuesday

REGISTRATION DEADLINE:

June 10

Last Name _____ First _____ Age _____
 Gender at Birth Male Female Date of Birth ____/____/____
 Address _____
 E-mail _____ City _____ State _____ Zip _____
 Church _____

REGISTRATION:

Registration fees are **NON-REFUNDABLE**.
 Registration is transferable to a replacement camper within the same camp year!

- Early Discount Registration Fee: _____ 200
- Regular Registration Fee: _____ 225
- Family Discount: (subtract) 10-2 _____ 20-3

I have read the parent/camper info sheet and will abide by all camp rules/dress code.

STUDENT SIGNATURE _____

Family members attending camp:
 _____ KK Teen
 _____ KK Teen
 _____ KK Teen

To be completed by your Church's Designated Leader

I have looked over the student's form for all signatures and have read his/her health history, including allergies and dietary instructions.

_____ Church Leader's Initials

FAMILY DISCOUNT BREAKDOWN:

First student is FULL price. The second student receives \$10 off and the third \$20 off. (Discount applied when two or more students of the same family attend any of the two camps. Staff family are not included.)

TOTAL REGISTRATION

\$ _____

See Parent / Guardian section on back.

This section must be completed by the Parent / Guardian.

STUDENT HEALTH INFORMATION

Are all IMMUNIZATIONS current? Yes No Date of last Tetanus Booster: _____ Student if free from contagious health problems: Yes No

HISTORY: Check all that apply!

- | | | | | | |
|---|--|---|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Bone/Muscle/Joint Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Hypoglycemia/Diabetes | <input type="checkbox"/> Kidney/Bowel Disorder | <input type="checkbox"/> Liver Disorder | <input type="checkbox"/> Lung Disorder |
| <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Skin Disease | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Sore Throat | |

Explanation for check items: _____

List All Allergies: _____

Type of reaction experienced and treatment required: _____

Please list any dietary instructions: _____

Mobility limitations / Activity restrictions - Or any other conditions we should be aware of: _____

MEDICATIONS: (List all medications to be administered at camp.) _____

ALL MEDICATIONS must be in original container and clearly labeled. Unmarked medications cannot be given.

CAMP LICE POLICY: SIMN Camps have a "no nit" policy. If student arrives with lice or nits, he/she will be sent home at parent's expense.

PARENTAL AUTHORIZATION: I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the "minor child"). I hereby give my consent to have my minor child attend the Southern Idaho Ministry Network (SIMN) summer camp. I further certify that this health history is correct to the best of my knowledge and the minor child has permission to participate in all prescribed activities of the event. I recognize that there are risks involved in participating and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this event. To the fullest extent permitted by law, I release SIMN, its officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the event and agree to save and hold harmless SIMN, its officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation. Permission is also given to SIMN to use photographs (individual or group) and/or multimedia images and recordings in the best interest of SIMN.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.

I also hereby give permission to the camp counselor and/or a camp staff member to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents. I also understand the ZERO-tolerance policy and should my child violate any camp rules, it could lead to dismissal from camp.

Medical Insurance Co.: _____ Policy #: _____

Parent/Guardian Name (print): _____ Signature: _____ Date: _____

Relationship: _____ Home Phone: (____) _____ Cell Phone: (____) _____