

Summer Camps 2018

KIDZ KAMP

Grades 1 - 6

(Ages 6-12)

Last Name _____ First _____ Age _____

Gender at Birth Male Female Date of Birth ____/____/____

Address _____

E-mail _____ City _____ State _____ Zip _____

Church _____

July 4th - July 8th

Wednesday to Sunday

REGISTRATION DEADLINE:

June 17

REGISTRATION:

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

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

STUDENT SIGNATURE

- Early Discount Registration Fee: 200
- Regular Registration Fee: 225
- Family Discount: (subtract) 10.02
20.3

Family members attending camp:

KK Teen
KK Teen
KK Teen

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.)

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

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!

- | | | | | | |
|------------------------|-------------------|--------------------------------|---------------------------|--------------------|-------------------|
| ___ Asthma | ___ Bedwetting | ___ Bone/Muscle/Joint Disorder | ___ Diabetes | ___ Ear Infection | ___ Fainting |
| ___ Headaches | ___ Heart Trouble | ___ Hypoglycemia/Diabetes | ___ Kidney/Bowel Disorder | ___ Liver Disorder | ___ Lung Disorder |
| ___ Menstrual Problems | ___ Seizures | ___ Skin Disease | ___ Sleepwalking | ___ 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: (_____) _____