

KIDS GREAT GETAWAY

CAMPER REGISTRATION FORM

**ATTACH
RECENT
PICTURE
(Required)**

Parents: Please complete this form (front and back) and return it to your church office.
Full payment is due by May 12, 2024. Make checks payable to your church.

Camper's Name _____ M or F

Camper's Birthday _____ Entering Grade _____ (Fall 2024)

Street Address _____

City _____ State _____ Zip _____

Parent/Guardian 1 _____ Home # _____ Cell # _____

Parent/Guardian 2 _____ Home # _____ Cell # _____

Email Address _____ Phone # _____

One friend (**same grade**) camper would like to share a cabin with _____

Name of camper's sponsoring church _____

_____ I am paying the full registration fee of \$275.00 with this application (Make checks payable to your church).

_____ I am paying the \$25 fee for my child to ride the bus.

_____ I am paying the \$20 late fee (after May 12, 2024).

Significant medical history including allergies to food or medicines _____

Any special dietary needs _____

Is there anything about your child we should know that will help us as we care for them (i.e., social, special needs, medical conditions, etc.)?

Additional Emergency Contact _____ Phone # _____

Family Doctor's Name _____ Phone # _____

Medical Insurance Co. _____ **Policy No.** _____

I give permission for the Camp Director or Medical Staff to authorize any medical treatment needed for my child while at camp from July 24-27, 2024. I further understand that I am responsible for any medical costs related to treatment if it is determined my child needs care beyond what our medical staff can provide. A medical professional will be on duty at all times.

X

Parent/Guardian Signature

Date

>>> 2 more signatures required on the back! <<<

If your child will need to be given medicine while at camp, you must fill out a prescription card (from the camp representative at your church). **It is required to send medicines in the original container.**

I, _____ give permission for the Medical Staff at Kids Great Getaway to administer the non-prescription drugs *marked below* to my child, _____.
This form is good for the week of July 24-27, 2024.

X

Parent/Guardian Signature

Date

Please check the non-prescription items your child may take:

Child's weight: _____ (used for correct dosage of medicines listed below)

- | | |
|--|---|
| _____ Acetaminophen - pain relief | _____ Ibuprofen - pain relief/anti-inflammatory |
| _____ Benadryl - allergies | _____ Pepto for Kids - upset stomach/diarrhea |
| _____ Benadryl Spray - itch | _____ Sudafed - nasal decongestant |
| _____ Chloraseptic Spray - sore throat | _____ Swim Ear |
| _____ Cortizone Cream - itch | _____ Triple Antibiotic Ointment |
| _____ Cough Drops | _____ Tussin CF - cough |

Participation Agreement

By signing below, I acknowledge and accept the risks of physical injury or property damage associated with participation in the activity described above. Except for gross negligence on the part of Kids Great Getaway (KGG) and/or participating churches, I accept personal financial responsibility for any personal injury or property damage sustained during the activity. Further, I promise to hold harmless KGG and its representatives for any injury or damages related to the activity.

If a dispute over this agreement or any claim for injury or damages arises, I agree to resolve the matter through binding arbitration before an impartial arbitrator chosen by KGG and/or participating churches.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

X

Parent/Guardian Signature

Date

IMPORTANT! Before turning in this form, please be sure each item below is complete:

- Included a picture on the front
- Marked the non-prescription medications your child can be given during camp
- Signed in ALL 3 places

For office use only:

Date registration received: _____ Received by: _____

Date paid: _____ Payment Type: _____ Payment Amount: _____ Late Fee: Yes No