

The Churches of Christ in Christian Union

2019 WCD Kid Kamp Registration

Please **PRINT** and carefully complete this form. Fill out one form per camper. Payment of the entire camp fee is required with this registration. Refunds are permitted up to one week prior to the start of camp.

Section 1: Payment Information**\$140**

Make checks payable to **Camp Aldersgate** and mail to: Jodie Truex at Heritage 1867 RT 35 NW Washington Court House, OH 43160 or
CCCU, 1553 Lancaster Pike, Circleville, OH 43113
Heritage Kids Make yours out to Heritage

Section 2: Camper Information

Camper's Name _____ Gender: Male Female

Address _____ Camper Cell # _____ (optional)

City _____ State _____ Zip _____ Date of Birth _____

Age at time of camp _____ E-mail _____

Home Church _____

School _____ Grade Completed _____

Parent/Guardian Name 1. _____ Phone _____ cell home

Parent/Guardian Name 2. _____ Phone _____ cell home

Roommate Request 1. _____ 2. _____ T-shirt Size _____

Section 3: Camper Pledge

I promise to attend all activities and services, to obey all the rules of the camp and the grounds, and to conduct myself as a lady/gentleman at all times.

Camper Signature _____ Date _____

PLEASE TURN OVER AND COMPLETE SIDE TWO

CAMP REGISTRAR USE ONLY (do not write in this area)

Fee Paid _____ Check # _____ Room # _____ Team # _____

TO BE COMPLETED ON DAY OF DEPARTURE ONLY

Picked up by: _____ Date _____ Time _____

Medical Information & Release

The information below is necessary for the camp nurse and/or coordinators to adequately treat your child in the event of an injury or illness. All information will remain confidential.

Section 4: Personal Information

Camper's Name _____ Date of Birth _____

Family Physician _____ Phone _____

Insurance Company _____ Policy/ID _____

Section 5: Medical History

Is this child up to date on all immunizations? Yes No Date of last known tetanus booster _____

Medications your child is currently taking: _____

All medications must be turned in to the camp nurse at check-in. Medications must be in their original container with the patients name and the name of the medication on the bottle.

Allergies: _____

Is this child able to participate in strenuous activities such as swimming and athletics? Yes No

Chronic or existing illnesses, past medical treatments or other current medical conditions:

Section 6: Emergency Contact

Name _____ Phone #1 _____ Phone #2 _____

Name _____ Phone #1 _____ Phone #2 _____

Section 7: Parental Release

I understand that my child is under the supervision of quality leadership while attending camp. However, I also understand that my child will be participating in activities that could cause possible injury, such as swimming, sports, boating, tubing and construction projects. I understand that great care is taken to ensure the safety of my child but that some of the activities may be dangerous by nature. Therefore; I release the camp and its governing board(s) as liable or responsible for injuries in the event of a lawsuit. I also give permission for my child to be transported off campgrounds for participation in camp activities. Furthermore, I authorize the Camp Coordinator, Assistant Coordinator, Camp Nurse, or any other official they deem appropriate to seek any necessary examination, treatment and/or hospital care for the camper named above under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the State of Ohio. I grant permission for photographs to be taken of my child for camp directories and for publicity use.

On beach day, my child is: Permitted to participate in boating activities, including tubing and swimming around boat
 Not permitted to participate in boating activities and must stay in beach area only

Parent/Guardian Signature _____ Date _____

If I am unable to pick my child up, I give _____ permission to bring my child home.