

2008 Family Camps Registration Form (Please Print)

Name of Supervising Family Member Registering for a family Camp:

Home Address/City/State/Zip:

Home Phone Number:

E-mail:

Cell Phone:

Relationship to minor(s) accompanying me:

Name of the adult in family:

Shirt Size:

Name of the adult in family:

Shirt Size:

Name of minor in family:

Shirt Size:

Name of minor in family:

Shirt Size:

Name of minor in family:

Shirt Size:

Name of minor in family:

Shirt Size:

Name of minor in family:

Shirt Size:

Name of minor in family:

Shirt Size:

Shirt Sizes to choose from: **Youth** 6-8; 10-12; 14-16 **Adult** Small, Medium, Large, X Lg. XX Lg. XXX Lg.

**Register our family for the following camps:
Use separate form for each camp chosen. Duplicate Health Forms. Check (✓) one box**

3rd Grade Overnight + 1 Camp \$50.00 per camper

Grandma and/or Grandpa and Me Camp \$50.00 per camper

Labor Day Weekend Boat-In \$150.00 per family

Enclosed please find our registration fee \$

WHAT IS EXPECTED OF FAMILIES INVOLVED IN THE OUTDOOR MINISTRIES PROGRAM OF THE KANSAS-OKLAHOMA CONFERENCE, UNITED CHURCH OF CHRIST

Families are expected to participate in the full schedule of camp activities. Once a registration is received, the Kansas-Oklahoma Office will send the person registering the camper the information family members need to participate in their selected camping program. Included in this information will be a Family Camper Covenant Statement. Family members are asked to review the Covenant Statement. The family shall bring the signed Camper Covenant Statement to the registration table at the time of their arrival. (Please do not mail them.)

1. I have read the information above and reviewed it with the family members accompanying me. We agree with and will abide by the policies, expectations and implications stated.

Signature of family member:

Signature Date:

Refund Policy

Cancellations will be accepted if requested, in writing, and received at the K-O office ten (10) days prior to the first day of the camp session. Refund will consist of the registration fees minus a \$25.00 administrative fee. Cancellations 9 days or less will not be given except for family emergencies.

Rates

Camp fees cover:

Include:

- ☺ Food and lodging
- ☺ Program materials
- ☺ Staff support
- ☺ Equipment
- ☺ Accident insurance
- ☺ Camp photo
- ☺ Theme T-Shirt

Accident Insurance

The insurance provided to participants is written on an excess basis. This means that if the injured party has other valid coverage, that coverage would be primary and the camp's insurance would be secondary. If there were no coverage, then the camps insurance would be considered primary. Accidents that occur at any event or activity are covered.

What important information can you give us about your family that will help us insure for you a good experience (include any special accommodations needed):

IMPORTANT NOTE: Please send this registration and full payment to:

**Kansas-Oklahoma Conference
1245 Fabrique
Wichita, KS 67218.**

If a church or other group is assisting in payment, please obtain all financial support before returning this registration. The family's registration will be processed when a completed registration for and payment is received by the Conference Office. The Grandparent will retain the health forms.

2008 Health Form for Family Camps

When a minor is accompanied by a parent or guardian a Health Form is not required. However, in case the parent/guardian is indisposed it would be helpful for White Camp to have access to a minor's health form and to have an treat-in-case-of-emergency permit for the parent/guardian. It is understood that this Health Form will be retained by an adult family member while at White Memorial Camp. We ask the treat-in-case-of-emergency form be turned in to the director of the camping program.

Name of Supervising family member: _____ Relationship to minor he/she is supervising: _____

Minor's name): _____ Height: _____ Weight: _____ Age: _____

Name of Minor's Physician _____ Phone: _____

Date of minor's last physical examination: _____ Is the minor in general good health and able to participate in all normal camp activities? Yes No

Please explain any restrictions: _____

Immunizations (Please give month/year)

Tetanus: / Polio: / DPT: / Measles: / Rubella: / Mumps: /

Allergies (Please indicate with check (✓) if Yes

Asthma Hay Fever Penicillin Insect Sting Poison Ivy/Oak Other drugs:

Foods and/or Other allergies (Please specify): _____

Please indicate type of reaction and type of treatment _____

Health Concerns: Please indicate with check (✓) if there is concern. Bed wetting Sleep Walking ADD/ADHD Colds Sinus Condition Sore Throat
 Athlete's foot Ear infection Cramps Hyperventilation Convulsions Diabetes Heart disease Skin disease

Please explain any boxes checked or other concerns (additional paper may be attached if needed)

Please explain any physical or emotional disabilities or concerns (including walkers/wheelchairs)

Recent illness or surgery: _____ Recent exposure to communicable disease: _____

Special dietary needs (Please Describe): _____

Current Medications:

ALL medications of minors will be retained by the primary family member supervising said minor. This includes over-the-counter or internally administered medication of any kind (including aspirin/ibuprofen/acetaminophen/benadryl). Camp White assumes that the supervising family member (other than parent/guardian or attending physician) will have obtained permission to disburse all medications. The supervising family member shall retain for the minor any medications including aspirin, ibuprofen, and/acetaminophen/benadryl. It is expected that minors who are taking behavior modification medications will remain on such medication during their camping experience.

Emergency Treatment Authorization for both Minor and Supervising Family Member

In the event that I cannot be reached in an emergency or am injured myself, I hereby give my permission to the physician selected by the camp director/staff to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for my child or myself, as named above. My signature further indicates that the information contained on the Registration and Health Forms is complete and accurate, and that Kansas-Oklahoma Conference, United Church of Christ is not responsible in the event that incomplete and/or inaccurate information is provided.

Signature of supervising family member: _____ Date: _____

Name of minor's parent/guardian (if not the named above): _____

Signature of parent/guardian: _____ Date: _____

Name of Insurance Company which covers minor: _____ Policy Number: _____