

**2019 REGISTRATION FORM (black or blue ink only)**

**FOR OFFICE USE ONLY:**

Date Rec'd \_\_\_\_\_  
District \_\_\_\_\_  
Amt Rec'd \$ \_\_\_\_\_  
Schlp: \$ \_\_\_\_\_  
Check # \_\_\_\_\_  
Cancel. Date \_\_\_\_\_  
Amt. Refund \_\_\_\_\_

**Camp Session** \_\_\_\_\_ **Camp Date** \_\_\_\_\_

**Cancellation Policy: over 30 days prior to event, full fee less \$25 handling fee; 15-30 days prior, 50% refund; 7-14 days prior, 25% refund; 6 days prior or no-show, no refund.**

**Registration fee does not include transportation to or from camp unless otherwise noted.**

**CAMPER NAME:**

\_\_\_\_\_  
(Print) Last First Middle Initial

Address: \_\_\_\_\_  
Street/Box Number

\_\_\_\_\_  
City State Zip

Preferred Telephone: (\_\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
(circle one) home or cell

School Grade completed (spring 2019): \_\_\_\_\_ SEX: M F

Parent/Guardian E-Mail \_\_\_\_\_ Parent/Guardian Cell-Phone \_\_\_\_\_

**Go Green!**  **Check here if you wish to receive Welcome Letter and other camp info via email!**

HOME CHURCH: \_\_\_\_\_ CITY: \_\_\_\_\_

T-shirt Size: Youth: S M L Adult: S M L XL XXL

Camp photographs are sometimes used in publications, social media applications, and on the website of the Christian Church in Kansas (CCK).

Check if this is your camper's first, ever, summer camp experience. \_\_\_\_\_

Check below that you understand:

**CAMPERS ARE EXPECTED TO ARRIVE ON TIME, (not late or early) AND TO STAY FOR THE ENTIRE SESSION. EXCEPTIONS MUST HAVE WRITTEN APPROVAL FROM THE DIRECTOR TWO WEEKS BEFORE CAMP BEGINS.**

Pastor / Church Leader: Please comment on the camper with any pertinent information:

\_\_\_\_\_  
Signature of Pastor/Authorized Church Leader

Share information about your camper that we need to know for a good camp experience. **Include any accommodations needed.**

**I hereby give my permission to allow minor camper named above to attend the event named on this form.**

\_\_\_\_\_  
Signature of Parent/Guardian, if camper is a minor

**Send completed registration form, health form and appropriate fee to:  
Christian Church in Kansas, 2914 SW MacVicar, Topeka KS 66611-1787.  
Registration without full fee is incomplete!**

# CAMP HEALTH FORM

(To be completed by parent/guardian if participant is a minor)

Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_

## PART I - Is the camper in general good health and able to participate in all normal camp activities:

\_\_\_ YES \_\_\_ NO If not, please explain \_\_\_\_\_

Date of last complete physical examination: \_\_\_\_\_

Immunization: Date of last Tetanus shot \_\_\_\_\_

### Health Concerns:

Food Allergies: please list these, OR, share details in an email to: [cck@kansasdisciples.org](mailto:cck@kansasdisciples.org), OR, call 800-737-8130 \_\_\_\_\_

Allergic to: \_\_\_ Penicillin; \_\_\_ Sulfa; \_\_\_ Insect Stings; \_\_\_ Poison Ivy; \_\_\_ Latex  
Subject to: \_\_\_ Bedwetting; \_\_\_ Asthma; \_\_\_ Convulsions; \_\_\_ Skin Rash; \_\_\_ Fainting

Recent surgery: \_\_\_\_\_

Recent exposure to communicable disease: \_\_\_\_\_

Heart Disease: \_\_\_\_\_ Athlete's Foot: \_\_\_\_\_

Vision (check one): \_\_\_ eye-glasses \_\_\_ contact lenses

**Information Camp Director should have:** Additional volunteer staff may be needed to provide adequate supervision for any special needs. Camper may need to be sent home if sufficient information is not provided in this space. \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Mental limitations: \_\_\_\_\_

Emotional stress: \_\_\_\_\_

Behavioral disorders: \_\_\_\_\_

**Medications:** If parent/guardian sends any medications, it is required to be in the original container, with name and instructions printed on the original container. **NO PILL BOXES please!** \_\_\_ Parent-check this is understood. If applicant is on any regular medication, state drug and dosage: \_\_\_\_\_

Applicant may have: \_\_\_ Acetaminophen \_\_\_ Ibuprofen \_\_\_ Aspirin \_\_\_ Antihistamine

Sleeping concerns? \_\_\_\_\_

Swimming ability: \_\_\_ Non-swimmer \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced

### Part II - Person to notify in case of emergency:

Name: \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

Physician - Name \_\_\_\_\_ Phone \_\_\_\_\_

## HEALTH CARE POLICIES

The medical payments 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 Christian Church in Kansas would pay in excess to that other insurance. If there is no other coverage, then the Christian Church in Kansas coverage would be considered primary. Accidents that occur at any event or activity (on or off premises and including the use of boats) are covered.

**Part III - Health and Accident Insurance:** Please send a copy of the Insurance Card and provide the following information:

Name of Company \_\_\_\_\_

Policy Number \_\_\_\_\_

### Part IV - In case of accident or illness:

I hereby give permission to the physician selected by the event director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for (name of applicant).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_