

2020 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 2020): _____ GENDER: _____

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: _____ Gender: _____

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, 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: _____