

# King-Solomon Christian Camp

## 2010 Registration Form

Camper Information: (Please print clearly)

Gender (circle one): M F

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Church: \_\_\_\_\_ Minister: \_\_\_\_\_

Baptized (circle one): Yes No Grade camper will be **going into** in the fall of 2010 \_\_\_\_\_

T-shirt size (circle one): Youth sizes: S M L Adult Sizes: S M L XL Other \_\_\_\_\_

Camp Attending (circle one): Sr. High 1 Sr. High 2 Jr. High 1 Jr. High 2 5th & 6th 1 5th & 6th 2 3rd & 4th 1 3rd & 4th 2 1st & 2nd 1 1st & 2nd 2 Day

**Family Information:** contact email \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address if different: \_\_\_\_\_ Address if different: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

**Person other than parent to contact in case of an emergency:**

Contact's Name: \_\_\_\_\_ Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Day Camp parents only:** Will anyone accompany child to camp? (circle all that apply): Yes No - \$5 cost for lunch/adult

Father Mother Other \_\_\_\_\_ If yes, is this person willing to assist with camp activities? Yes No

**Medical Information & Release Form:** (Do not detach)

Camper's Name: \_\_\_\_\_

Medical Ins. Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address of Ins. Co. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph. # of Ins. Co. ( ) \_\_\_\_\_ Camper's Doctor: \_\_\_\_\_ Doctor's Ph. #: ( ) \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ **Medications** List any regular prescribed daily medications which your child may be taking at camp: \_\_\_\_\_

**Medical History** Please list any special instructions concerning this camper (i.e.: allergies to drugs, foods, special diets, any activity you wish your child not to participate in, etc.): \_\_\_\_\_

**All Parents:** I realize that young people at camp can become injured. I hereby assume the risk of all injuries to my child and hereby release and discharge King-Solomon Christian Service Camp, it's agents and employees, from any and all liability which may result from injury to my child. Insurance protection is my responsibility. I give my permission for the camp to administer medications as it deems necessary to my child. This includes medications sent with my child, or non-prescription medications available at camp. I give permission for my child to participate in all camp activities on camp property. In case of emergency I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the camp nurse or manager to hospitalize and secure proper treatment (including surgery) for my child.

I do not authorize King-Solomon Christian Camp to take my child off of camp property for any activities. This would include swimming and other special activities.

I do not authorize King-Solomon Christian Camp to use pictures and/or video footage of my child for its website or other promotional materials.

Signature of parent or legal guardian (must be 18 or older): \_\_\_\_\_ Date \_\_\_\_\_

**FULL PAYMENT MUST ACCOMPANY REGISTRATION TO BE PRE-REGISTERED**  
**Registrations must be postmarked or turned into a camp-affiliated church by MAY 2, 2010**