



Camp Discovery REGISTRATION FORM SUMMER 2018

Child's Information (please print legibly)

Child's Name _____
(Last) (First) (Middle) (Preferred)

Address _____ City _____ Zip _____

Birth Date _____ Age (as of today) _____ Grade to be Enrolled _____ Male _____ Female _____

School Attending _____ Church Attending _____

Parents Are (Circle One): Married Separated Divorced Other: _____

Child Lives With (Circle One): Father Mother Both Other: _____

Family Information (please print legibly)

**Mother/Guardian's Name _____ Employer _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ ext. _____

Cell Phone _____ Email _____

**Father/Guardian's Name _____ Employer _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ ext. _____

Cell Phone _____ Email _____

** By initialing below, I hereby acknowledge that the LifeQuest Camp Discovery will assume that either parent of the child may pick up the child at any time during the program unless there is sufficient court documentation on file with the LifeQuest Director that indicates otherwise. **

_____ Parent Initials

Emergency Information (please print legibly)

In case of an emergency, please contact the following first: _____ Mother/Guardian _____ Father/Guardian

Please list the names of two additional people other than yourself to contact in the event of an emergency.

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ ext. _____ Cell Phone _____

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ ext. _____ Cell Phone _____

I hereby authorize the LifeQuest Camp Discovery to allow the following individual(s) to pick up my child
(A photo id will be required):

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Persons who are not authorized to visit or pick up my child:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Child's Doctor: _____ Phone: _____

Hospital Preference: _____

Insurance Provider: _____ Policy#: _____

Special Medical Information (please print legibly)

****A copy of your child's updated immunization records must be attached with the registration forms.****

Please list any and all allergies your child may have:

Please list any and all medications your child is taking (The **Request for Medication Administration form** must be completed if your child requires medication while at LifeQuest Camp Discovery):

Please list any behavioral circumstances your child may have (Additional forms must be submitted if your child requires an IEP/behavioral plan at school or other institution):

Special Circumstances: _____



1130 North Main Street
Kernersville, NC 27284
(336) 993-6209 Office
(336) 993-8920 Camp
(336) 996-6511 Fax

Request For Medication Administration (Must be completed by a parent or guardian)

Child's Name _____
(Last) (First) (Middle) (Preferred)

Address _____ City _____ Zip _____

Birth Date _____ Age (as of today) _____ Grade to be Enrolled _____ Male _____ Female _____

Parent/Guardian's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ ext. _____

Cell Phone _____ Email _____

Physician's Name _____

Address _____ City _____ Zip _____

Work Phone _____ ext. _____

Medication Information (please print legibly)

Name of medication to be administered _____

Dosage to be administered _____ Time to be administered _____

Date to begin administration _____ Date to cease administration _____

Possible Adverse Reactions _____

_____ **Parent Initials** I request the LifeQuest Camp Discovery Staff administer the above medication to my child.

_____ **Parent Initials** I agree to notify the Camp Director in writing of any changes in my child's condition with respect to the administration of medication or with any changes to the information provided on this form.

_____ **Parent Initials** I understand that it is my responsibility to send an appropriate supply of medication to camp in its original container.

_____ **Parent Initials** I understand that medication provided in any container other than the original will not be accepted.

_____ **Parent Initials** I understand that the LifeQuest Camp Discovery will have limited liability while administering medication to my child.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Please Print) _____

Permission/Waiver (please print legibly)

I give permission to LifeQuest Camp Discovery to use photographs or likenesses of my child, named in this document, in publicity materials, including but not limited to: newspaper, television, billboard, internet, brochures, etc.

(Circle One) YES NO

I give permission for my child , named in this document, to swim in First Christian Church Ministries pool. **(Circle One) YES NO**

We, the undersigned, are the parents, the parents) having legal custody, or the legal guardians of the child named in this document, a minor, and have given our consent for him or her to participate in LifeQuest Activities. We will not hold First Christian Church Ministries or LifeQuest responsible for any accidents or injuries that might occur. In the event that the child named in this document is injured while attending this event and requires medical attention, we the parent/guardian consent to any reasonable medical treatment as deemed necessary by a medical personnel. In the event treatment is called for which medical personnel, a physician and/or hospital personnel refuse to administer without our consent, we the parent/guardian hereby authorize a LifeQuest staff member or another adult representative from First Christian Church Ministries to give such consent for us if we cannot be reached by telephone at any of the numbers listed on the Emergency Information page of the registration forms or, because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, we the parent/guardian agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a medical personnel. I give my permission for my child, named in this document, to attend the LifeQuest Camp Discovery program sponsored by First Christian Church Ministries. My child may also participate in the activities provided by the Camp Discovery program, whether on-site or off-site. I surrender my rights to litigation, civil or criminal, to any volunteer or employee of First Christian Church Ministries for injuries, whether physical or emotional, which may occur during normal Camp Discovery activities, as the law does allow.

(Circle One) YES NO

Print Name of Parent/Guardian *Signature of Parent/Guardian* Date _____

Print Name of Parent/Guardian *Signature of Parent/Guardian* Date _____

LifeQuest Transportation Consent Form

This form is to be completed by the parent/guardian of any child participating in Camp Discovery

Child's Name: _____ Date: _____

I _____, hereby grant _____ permission
Print Parent/Guardian Name Print Child's Name

to be transported in a motor vehicle driven by an employee/volunteer of the LifeQuest Camp Discovery, ministry of First Christian Church Ministries during the 2018 Camp Discovery year. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or adult volunteer driver.

I have read, understand, and discussed with my child that:

1. If my child arrives late to camp on a designated field trip day, he/she will miss the LifeQuest bus. There will not be any supervision left behind for late arrivals on designated field trip days.
2. He/She will be expected to respect each other, the vehicle they ride in, and the driver during transportation.
3. Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects.
4. He/She will need to remain in their seat and not be disruptive to the driver of the vehicle.
5. As the parent/guardian, I am to notify the LifeQuest Director by email if my child will not attend the LifeQuest Camp Discovery program for the day.

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Obligation of Understanding

Standard Fees

- _____ **Parent Initials** I understand that the cost of Summer Camp is on a weekly basis.
- _____ **Parent Initials** I understand the weekly camp fees will be \$165.00 for 1st child and \$150.00 for each additional child during the 2018 summer camp.
- _____ **Parent Initials** I understand the weekly camp fee must be paid by Thursday before the week my child is planning to attend.
- _____ **Parent Initials** I understand the weekly camp fees must be paid online at the following site <https://give.givingkiosk.com/f/f2.asp?formid=cf8e2dc0-2624-475b-8057-93504d28799c>
- _____ **Parent Initials** I understand we are unable to prorate any weekly camp fees.

Registration Fees

- _____ **Parent Initials** I understand **a one time \$50 registration fee per child is due the first time I sign up for camp online.**
- _____ **Parent Initials** I understand the **registration fee is non-refundable.**

Student Accident Medical Insurance

- _____ **Parent Initials** I understand part of my weekly fee will cover the student accident medical insurance that First Christian Church Ministries is required to carry.

Late Fees

- _____ **Parent Initials** I understand that there will be an **additional charge of \$1.00 per minute per child** if my child(ren) is picked up after 6:00 p.m.
- _____ **Parent Initials** I understand **late fees are due by the next business day and are payable by cash, check, or money order.**
- _____ **Parent Initials** I understand that **failure to pay the late fees will result in my child(ren) being withdrawn from camp.**

Cancellation / Withdrawal

- _____ **Parent Initials** I understand a **written notification must be received 2 weeks prior to the week of withdrawal.**
- _____ **Parent Initials** I understand **NO refunds will be given for days my child(ren) does not attend.**
- _____ **Parent Initials** I understand there will be **NO cancellation or refund given once the camp week begins.**
- _____ **Parent Initials** I understand a **2 week written notification is required to change the week of attendance for my child(ren).**

Parent Handbook

- _____ **Parent Initials** I understand I am responsible to have a copy of the 2018 Camp Discovery Parent Handbook.
- _____ **Parent Initials** I understand all information listed in and have read the 2018 Camp Discovery Parent Handbook.

(Signature)

(Date)

(Name-PLEASE PRINT)

Intention of Attending Camp Discovery

CIRCLE YES OR NO FOR WEEKS ATTENDING:		CAMP WEEKS		WEEKLY THEMES
Yes	No	1	June 12-15	Let's Get Rolling
Yes	No	2	June 18-22	Super Hero
Yes	No	3	June 25-29	Wild West
Yes	No	4	July 02-06	Red, White, & Blue
Yes	No	5	July 09-13	WinShape
Yes	No	6	July 16-20	Into The Deep
Yes	No	7	July 23-27	Away We Go
Yes	No	8	July 30-Aug.03	Holiday Extravaganza
Yes	No	9	Aug. 06-10	Wacky Camp Spirit
Yes	No	10	Aug. 13-17	Creature Feature
Yes	No	11	Aug. 20-24	Funtastic Finale

The weekly fee must be paid by Thursday before the week of care. If the weekly fee is not paid on time, your child will lose their spot for that week. The LifeQuest Director will offer the available spot to the next child on the waiting list for that week.

Parent/Guardian Signature

Date

