



# Camp Discovery REGISTRATION FORM SUMMER 2019

## 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 2019 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 2019 summer camp.
- \_\_\_\_\_ **Parent Initials** I understand the weekly camp fee must be paid online by Wednesday 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://forms.ministryforms.net/viewForm.aspx?formId=cf8e2dc0-2624-475b-8057-93504d28799c>
- \_\_\_\_\_ **Parent Initials** I understand we are unable to prorate any weekly camp fees.
- \_\_\_\_\_ **Parent Initials** I understand that only my online payment confirms my child's spot in a week of camp.

## 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 2019 Camp Discovery Parent Handbook.
- \_\_\_\_\_ **Parent Initials** I understand all information listed in and have read the 2019 Camp Discovery Parent Handbook.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name-PLEASE PRINT)

# Intention of Attending Camp Discovery

**Please note that your online payment confirms your child's spot in that week.**

CIRCLE YES OR NO FOR WEEKS ATTENDING:		CAMP WEEKS		WEEKLY THEMES
Yes	No	1	June 11-14	Camp Kickoff
Yes	No	2	June 17-21	Cool Critters
Yes	No	3	June 24-28	Outdoor Adventure
Yes	No	4	July 01-05 Closed July 04	Party In The U.S.A.
Yes	No	5	July 08-12	It's A Wonder
Yes	No	6	July 15-19	We've Got Spirit
Yes	No	7	July 22-26	We're On A Roll
Yes	No	8	July 29-Aug.02	Camp Funtastic
Yes	No	9	Aug. 05-09	The Magic Of Camp
Yes	No	10	Aug. 12-16	Xtra Xtravaganza
Yes	No	11	Aug. 19-23	Birds Of A Feather

**The weekly fee must be paid online by Wednesday 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**