



Clarke-Venable Baptist Church
P.O. Box 308/ 362 West Broad Street
Decatur, MS 39327
601-635-2828

KidzKamp 2010 Registration Form

Church Use Only	
	R _____
	B _____
	IC _____
	N _____
	SG _____

Registration form must be notarized by a Certified Notary Public.
This is available at no cost in the Clarke-Venable church office from 8:00am to 4:00pm
Monday thru Friday or you may use a Notary Public of your choosing.

Please print clearly.

Full Name _____ Sex _____ Age _____
Preferred Name _____ Social Security # _____ - _____ - _____
Parents/Legal Guardian _____
Address _____ City _____ State _____ Zip _____
Daytime # _____ Cell # _____ Evening # _____
E-Mail Address _____
Last Grade Completed (2009-10 School Year) _____ Date of Birth ____/____/____
Do you attend Sunday School? Yes No
If so, where? _____

Circle T-shirt size: Youth: S(6/8) M(10/12) L(14/16) **Adult:** S M L XL XXL XXXL

In case of emergency, notify:

1. _____ Relationship _____
Home # _____ Work # _____ Cell # _____
2. _____ Relationship _____
Home # _____ Work # _____ Cell # _____
3. _____ Relationship _____
Home # _____ Work # _____ Cell # _____

Medical Insurance Information: Attach photocopy of medical insurance card front and back.

Medical Insurance Carrier _____
Policy Number _____
Subscriber Name _____ Relationship _____
Subscriber's Social Security # _____ - _____ - _____ Work Phone _____

**Clarke-Venable Baptist Church
KidzKamp Agreement**

Participant Code of Behavior Agreement

1. Reflect the character of Jesus Christ at all times.
2. Respect and follow the leadership of KidzKamp counselors.
3. Remain within boundaries established by KidzKamp counselors.
4. Leave cell phones, radios, CD/DVD players, ipods/MP3 players, electronic games at home.
5. No tobacco, alcohol or drugs of any kind permitted.

I have reviewed the rules established above and discussed them with the participant named on this form. We agree that this participant will abide by them. I give my permission for participant to be involved in the overall activities of this event except as noted on this form. I acknowledge that if this participant has to return home early for discipline violations, it will be at my own expense.

AUDIO/VIDEO IMAGES: I understand that participants in this event may be photographed and/or videotaped during participation in event activities and that these photographs/videos may be used in promotional materials and/or may be made available for online purchase. I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction taken during this event to be used, distributed, or shown as Clarke-Venable sees fit.

EMERGENCY AUTHORIZATION: In case of emergency, I do consent to any first-aid, x-ray, anesthetic, medical, surgical, or dental diagnosis and/or treatment that may be deemed necessary for my minor child. I understand that every effort will be made to contact me or one of the other persons listed as an emergency contact prior to treatment. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Timber Creek Camp staff, Clarke-Venable church staff, KidzKamp staff or adult present to make the decisions necessary to secure proper treatment for my child. The health history and registration information is correct so far as I know, and the participant herein described has permission to engage in all activities except as noted. As the parent or legal guardian, I understand that I am responsible for any health care expenses incurred by my minor child. I hereby waive any and all claims, demands, or rights of action against Clarke-Venable Baptist Church and Timber Creek Camp, camp personnel, and church staff and volunteers for damages and/or injuries incurred while participating in camp activities including injuries occurring while traveling in the church van or other transportation arranged by the church or camp leader.

HOLD HARMLESS AGREEMENT: I understand all reasonable safety precautions will be taken at all times during these events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. Camp participant and parent/legal guardian agree to indemnify, hold harmless and defend Clarke-Venable Baptist Church, its staff, employees, leaders and volunteers and Timber Creek Camp and all its officers, agents, and employees from and against all liability for injuries to or deaths of persons or damage to property caused by lessee's use of, occupancy of or operations upon the demised premises, provided, however, that this covenant shall not extend to liabilities incurred from any negligent acts or omissions on the part of the lessor and its officers, agents or employees.

As the applicant or the applicant's legal guardian, I agree to abide by ALL policies and regulations.

NOTARY ACKNOWLEDGEMENT

Parent/Legal Guardian

Must be signed in presence of Notary Public

Date

Health Form

All medications and guardian requested foods will be given to the Kamp Nurse at Check-In and will be dispensed according to written instructions of the physician or guardian. **DO NOT send aspirin, Tylenol, over-the-counter sinus/cold remedies or first aid supplies.** Any prescribed medication must be sent in the original labeled enclosed in a Ziploc bag. Any guardian requested foods must be clearly labeled with the camper's name, the purpose of the food, and instructions.

1. Please list ALL medications camper is bringing to camp: _____

2. Special Diet Considerations: _____

3. Immunizations: Are tetanus, MMR, polio, and TB immunizations current? Yes No

4. Medical History: Please document history of any pertinent conditions listed below:

Allergies

Other Concerns

Hay Fever _____

Asthma _____

Poison Ivy/Oak _____

Constipation _____

Foods _____

Diabetes _____

Insect Bites/Stings _____

Epilepsy _____

Medications _____

Fainting _____

Other _____

Heart Condition _____

Seizures _____

Upset Stomach _____

Other _____

5. If necessary, may we administer the following: _____ Pepto Bismol (stomach distress)

_____ Tylenol (minor pains, fever)

_____ Advil (minor pains, fever)

_____ Swimmer's Ear (earache)

_____ Benadryl (allergic reactions/nasal problems)

_____ Topical medication (cuts, abrasions, bites/stings, skin rashes)

6. Personal Care Needs: Bed Wetting _____ Sleep Walking _____ Homesickness _____

Fear of Dark _____ Fear of Water _____

Other _____

7. Restrictions/Special Needs (Physical, Emotional, Mental): _____

Track Time Choices

Track time recreational activities will take place on Tuesday morning and Wednesday morning. You will participate in the same activity both mornings. Choose **two** of the following options. Place a “1” beside your first choice activity and a “2” beside your second choice activity. First choice options will be accommodated on a first-come-first-serve basis to the best of our ability. Signing up for any of the following activities indicates parental permission to participate in the chosen activities.

_____ Archery

_____ Ball Sports

_____ Crafts

_____ Rock Climbing Wall (\$5 additional cost must be submitted with registration form)