

**JR CAMPER REGISTRATION (AGES 8 -12)**

**KENTUCKY DISTRICT UPCI**

**PARTICIPANT INFORMATION**

*(To be completed by the participant or authorized guardian)*

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

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

Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

-Is sponsor authorized to approve medical treatment? Yes ☐ No ☐

Medical Information *(Please use back if more space is needed.)*

List All Current Medications: \_\_\_\_\_

List Any Ailments/Known Allergies: \_\_\_\_\_

Do any listed ailments/allergies require extra care or monitoring? Yes ☐ No ☐ *(If yes, please explain)*

Do any of the listed allergies cause a life threatening situation *(severe swelling or stops breathing)* for your child if exposed? Yes ☐ No ☐ *(If yes, a double dose epi-pen or Epi-pen Jr kit, prescribed by your child's healthcare provider must be sent with your child for admission to camp. One dose will stay at the nurse's station; the other dose will be with your child's dean/matron.)*

Is applicant covered by personal/family medical insurance? Yes ☐ No ☐

Name of Insurer: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Camper Applicant Promise

As a Camper, I promise to obey all camp rules and show a spirit of obedience, cooperation, and respect towards camp staff and my peers. Signature: \_\_\_\_\_

Pastor's Portion

As the applicants pastor, I have read this completed registration form and recommend them to be a camper.

Does this applicant have the Holy Ghost? Yes ☐ No ☐

Should this applicant be used, other than in choir? Yes ☐ No ☐

Has this applicant been checked for head lice and has no head lice? Yes ☐ No ☐

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Church Name: \_\_\_\_\_

Parent/Guardian Portion

-By signing below, I (the parent or guardian) of the applicant acknowledges and accepts the risk of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, I accept personal financial responsibility for any bodily or personal injury sustained during the activity. Further, I promise to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable arbitration process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_ *(Covers meals, lodging, insurance, and activities)*

☐ Day Camper Registration – Please Check This Box If Registration Is For Day Camper ONLY.