

KID'S KAMP 2021 APPLICATION & PHOTO / LIABILITY / MEDICAL RELEASE FORM

APPLICATION:

Table with 6 columns: CHILD'S NAME, BIRTHDATE, GRADE COMPLETED, WEEK OF CAMP, BOY / GIRL, DAY / NIGHT. It contains five rows of blank lines for data entry.

PARENT'S NAME: _____ PHONE: _____

ADDRESS: _____

CHURCH: _____

EMERGENCY CONTACT: _____ PHONE: _____

We have attempted to keep the cost of camp to a minimum. We would appreciate it if you would prayerfully consider helping in any of the following areas:

PROVIDE BAKED GOODS: _____ FINANCIAL DONATION: _____ OTHER: _____

PHOTO RELEASE:

We regularly take photos & short video clips of campers & activities throughout the two weeks of camp. These photos & videos are posted on the Kid's Kamp Facebook page (FACEBOOK.COM/KIDSKAMPPA) during & following camp as a service to the families that would like to see their children & the activities they participate in throughout the week. We would like your permission to use these pictures & videos on our Christian Covenant Community (CCCMIN.ORG) website, our camp's Facebook page, in camp flyers, in media or in future printed or online publicity. We will never reference your child by name or provide any specific information regarding your child.

Please check one of the following:

____ YES. I grant permission to use photos of my child / children on the CCC website, Kid's Kamp Facebook page, camp flyers, media or in future printed or online publicity.

____ NO. Please do not post any photos of my child / children.

SIGNED: _____ DATE: _____

LIABILITY / MEDICAL RELEASE:

By signing this release, I hereby release Christian Covenant Community, its officers, members, & camp staff at Kid's Kamp from any responsibility for injury or damages from the negligence's or other acts, however caused, resulting from my child / children's participation in camp. My child / children is voluntarily participating in these activities, with knowledge of the dangers involved & I hereby agree to accept all risk of injury as a result of their participation & release you the church / camp from any liability. I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I authorize the staff of Kid's Kamp to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

INSURANCE CO: _____ POLICY / GROUP NO: _____

NAME OF CARRIER: _____

SIGNED: _____ DATE: _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

*Amount of Overnight Camper Free (\$130 per camper) and / or Day Camper Fee (\$115 per camper) Enclosed: _____

(Note: The camp fee includes the non-refundable deposit.)

*Please enclose a \$35.00 non-refundable deposit per child with your application. The remainder of the camp fee is due by July 4th, 2021.

*Please make checks payable to / mail form to: Christian Covenant Community, 712 Winding Road, Orangeville, PA 17859.

*Please make sure this entire form is completed. All children MUST have a signed and dated release form to attend Kid's Kamp.

*A suggested list of camping supplies will be provided for those who register, as well as, additional COVID-10 waivers and instructions.

*You may contact us via E-mail at: jlovesm@epix.net or via Phone at: 570-864-3378 or 570-864-2653.

*Kid's Kamp is located at: 818 Winding Road, Shickshinny, PA 18655. For detailed directions go to www.cccmin.org/directions.