

# KID'S KAMP 2024 APPLICATION & PHOTO / LIABILITY / MEDICAL RELEASE FORM

## APPLICATION:

CHILD'S NAME	BIRTHDATE	GRADE COMPLETED	WEEK OF CAMP	BOYS / GIRL	DAY / NIGHT	SHIRT SIZE
_____	_____	_____	_____	B / G	DAY / NIGHT	_____
_____	_____	_____	_____	B / G	DAY / NIGHT	_____
_____	_____	_____	_____	B / G	DAY / NIGHT	_____
_____	_____	_____	_____	B / G	DAY / NIGHT	_____
_____	_____	_____	_____	B / G	DAY / NIGHT	_____

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 Camper Fee (\$130 per overnight camper / \$115 per day camper) enclosed: \_\_\_\_\_ (Note: The camp fee includes the non-refundable deposit)

\*To qualify for the **FREE 2024 Kid's Kamp Shirt(s)**, we must have your completed application and release form by **June 9th, 2024**.

\*Please enclose a **\$35.00** non-refundable deposit per child with your application. The remainder of the camp fee is due by **July 7th, 2024**.

\*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 waivers and instructions if needed.

\*You may contact us via E-mail at: [jlovesm@epix.net](mailto: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](http://www.cccmin.org/directions).