

Christian Church (Disciples of Christ) In Kentucky  
2010 Camp and Conference Registration/Health Form  
Camp Kum-Ba-Ya and Wakon'Da-Ho

**PART I: CAMPER INFORMATION – PRINT THIS INFORMATION.** This information will be needed to contact you in an emergency. If we cannot read the form, it will be returned. If the Health Insurance info is not provided, the form will be returned. Please mail completed, signed form to the appropriate administration office. **Discovery/101 Camper and Adult** need to complete a separate form. If mailed separately, list name of youth you will be attending with \_\_\_\_\_ **Please use a separate form if registering for more than one camp.**

Name		Home Phone	
Street		Date of Birth	
City/State/Zip		Grade Completed	<input type="checkbox"/> Male <input type="checkbox"/> Female
Camper's Email Address – print clearly			T-Shirt Size
Church you regularly attend		City/State	
I would like to be in a cabin with		<i>(Final assignment at director's discretion.)</i>	
<input type="checkbox"/> Yes, the region/area has permission to photograph my child for promotional purposes including internet, newsletters and film. <input type="checkbox"/> No do not photograph my child.			

**PART II: CAMP CALENDAR OF EVENTS. PLEASE CHECK EVENT ATTENDING.**

Camp	Grade	Date	Site	Discount by May 1	Fee after May 1
<input type="checkbox"/> Discovery*	1-2	June 25-27	KBY	45	60
<input type="checkbox"/> Camp 101*	1-2	July 24-25	WKDH	45	60
<input type="checkbox"/> Mini	3	June 18-20	WKDH	95	110
<input type="checkbox"/> Mini	3	July 9 - 11	KBY	95	110
<input type="checkbox"/> Junior 1	4-5	June 14 - 18	WKDH	155	170
<input type="checkbox"/> Junior	4-5	July 5-9	KBY	155	170
<input type="checkbox"/> Junior 2	4-5	July 19 - 23	WKDH	155	170
<input type="checkbox"/> Chi Rho 1	6-8	June 14-19	KBY	185	200
<input type="checkbox"/> Chi Rho 2 (MMAD)	6-8	July 12-17	KBY	185	200
<input type="checkbox"/> Chi Rho 1	6-8	July 5 - 10	WKDH	185	200
<input type="checkbox"/> Chi Rho 2	6-8	July 12 - 17	WKDH	185	200
<input type="checkbox"/> Sailing (limited to 15)	7-12	June 28-July 2	KBY	200	220
<input type="checkbox"/> Eighter's	8	June 6-12	WKDH	200	225
<input type="checkbox"/> CYF	9-12	June 6 - 12	KBY	185	200
<input type="checkbox"/> CYF 1	9-12	June 21 - 26	WKDH	185	200
<input type="checkbox"/> CYF 2	9-12	June 28 - July 3	WKDH	185	200
<input type="checkbox"/> TREC Camp (limited to 15)	8-12	August 1 - 7	OFF Site	200	225
<input type="checkbox"/> Y'All Camp**		September 4-6	WKDH	40	55
<input type="checkbox"/> Family**		TBA - Contact WA Office	KBY	40	55
<input type="checkbox"/> College Outreach (COW)	ages 18-29	August 5 - 8	WKDH		120

**\*fee is per person. \*\*fee is per family**

Send Form and Payment for  
**KBY Events to:**  
CCK-West Area  
P O Box 1332  
Madisonville, KY 42431  
270.821.1332

Send Form and Payment for  
**WKDH Events to:**  
Christian Church In Kentucky  
1125 Red Mile Road  
Lexington, KY 40504  
859.233.1391

Registration forms for all camps can be found at [www.cckinky.net](http://www.cckinky.net)

**PART III: PERMISSIONS AND RECOMMENDATIONS – SIGNATURES REQUIRED**

**1. Parent/Guardian AUTHORIZATION & ENDORSEMENT:** I give my consent for \_\_\_\_\_ to attend the camp indicated above and to participate fully in the program. In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby grant permission to the physician selected by the camp staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for child while attending camp. I/We further release the camp director(s) and staff, Christian Church In Kentucky Region and Christian Church In Kentucky-West Area from responsibility and liability for any accidents or illnesses occurring during camp. I/We also authorize the camp director or medical supervisor to dispense non-prescription drugs (i.e. Tylenol; ibuprofen) if the situation warrants. I understand that the camping experience grows in intensity as the week progresses. I recognize that missing any part of the week compromises my child's experience of Christian community and affects both my individual child and the camp community as a whole. I know that the demands outside this camp event may be in conflict with the commitment to spend a week apart in Christian camping, and I have chosen to have my child spend a week at camp uninterrupted. **Please indicate if there are any emotional events (family serving in military, move, divorce, death, etc.) that may affect camper?**

\_\_\_\_\_

Parent/Guardian  \_\_\_\_\_

**2. Camper/Participant: I have read and agree to the following covenant...** I will be respectful to all persons and the camp environment at all times. I understand that possession of drugs, alcohol, tobacco or weaponry of any sort (knives, firearms, etc.) while at camp is prohibited and I will be sent home if these items are found in my possession. Radios, boom boxes, electronic entertainment devices, cell phones, pagers and beepers are disruptive to the camp community and I will not bring them to camp. I covenant to enjoy camp as an opportunity to come to know God through nature and through other people and I will participate fully in camp activities so I can get the most out of summer camp. I will not damage camp property and will be held financially responsible for any repairs needed as a result of my actions. I understand that food should not be brought to camp. I understand that I may be sent home for behaving consistently in a way that does not reflect Christian love and grace.

Camper  \_\_\_\_\_

**3. Pastor:** I understand the camping program is an integral part of the education ministry of the total church and I will help this camper understand the purpose of church camp, talking to him/her before and after camp about its meaning. **If there are emotional, psychological or family issues that might affect the camper and/or the camp, I will inform the director or camp office about these before the start of camp.**

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

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

Church Phone: \_\_\_\_\_

**PART IV: CAMPER HEALTH INFORMATION**  
**THIS SECTION MUST BE COMPLETED**

Camper's Name: \_\_\_\_\_

**Parent/guardian Information:**

Parent Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell or pager \_\_\_\_\_

Parent Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell or pager \_\_\_\_\_

**Emergency Contact Information (Other than parent/guardian):**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell or pager \_\_\_\_\_

**Camper Medical and Health Information.** Include a copy of the camper's family medical insurance card (front and back) with this registration. If this section is not complete, the form will be returned as an unprocessed application. If the camper is not insured, please check here .

Camper's Social Security # \_\_\_\_\_ (S.S. # is for medical purposes only)

Insurance  
Carrier \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Billing  
Address \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Is camper in good health and able to participate in all normal camp activities? Yes No if NO explain) \_\_\_\_\_

List any recent illness, surgery or injury that may affect camper \_\_\_\_\_

Any diet restrictions \_\_\_\_\_

Known allergies to food \_\_\_\_\_

Known allergies to medications (penicillin, etc.) \_\_\_\_\_

Any of the following **allergies** or **conditions** to which the camper may be subject: ADD ADHD Asthma Eating Disorder Fainting Food Hay Fever Poison Ivy/Oak Other \_\_\_\_\_

**We cannot dispense medications unless in the proper container.** Check with your pharmacy for a labeled container. Can camper have Tylenol or Ibuprofen as needed? Yes No

**Medications:** include dosage. Attach extra page if needed.

Medication: \_\_\_\_\_ Medication: \_\_\_\_\_ Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Dosage: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_ Frequency: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_ Medication: \_\_\_\_\_ Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Dosage: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_ Frequency: \_\_\_\_\_ Frequency: \_\_\_\_\_

Are there any medications that should **NOT** be given? (List)

**Prescription medications MUST be in the original prescription container with the camper's name, physician, and dosage directions on the label. The camp staff needs to know the number of dosages in the container upon arrival at camp.**

Rules for Acceptance and Participation are the same for everyone without regard to race, color, national origin, age or gender.

**Liability: The Christian Church In Kentucky is not responsible for personal items that are lost, stolen or broken at camp. Camper/Parent Please Initial \_\_\_\_\_**