

07/27/21

Christian Church (Disciples of Christ) In Kentucky
2021 Camp Registration/Health Form for Y'All Camp
Camp Wakon'Da-Ho



Medical - Diet - Other

EVENT	Age/Group	DATE	Fee	
Y'ALL Camp	Family	Sept 3-5	\$20	Per Person

Make checks payable to CCK and mail form with fee to:

WKDH Events
Christian Church In Kentucky
PO Box 910503
Lexington, KY 40591

For more information call 859-233-1391 or go to our website at

www.ccinky.org

ALL SECTIONS MUST BE COMPLETED – Please print Clearly
ALL information is very important.

Please list the contact person for your family/group below:

Name

Please include insurance information. If you are the only person attending.

First Name		Last Name		<input type="checkbox"/> Male	Social Security	
Date of Birth		Grade JUST Completed		Camper Email Address		
Street Address			City		State, Zip	
Church Name			Church City, State			
<p>Consent to Administer Medications – I understand that neither prescription nor over-the-counter medications will be administered to the named child unless permission and documentation is provided in accordance with the manner prescribed for childcare facilities by state laws and attached to this registration.</p> <p>Medications: Prescription medications MUST be in an original prescription container with the camper's name, physician, and dosage directions on the label. We cannot dispense medications unless it is in the proper container. Check with your pharmacy for a labeled container. Only send enough medication for the duration of the event. The camp staff needs to know the number of dosages in the container upon arrival at camp. Attach extra page if needed.</p>						
Medication		Medication		Medication		Medication
Dosage		Dosage		Dosage		Dosage
Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed		Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed		Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed		Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed
# Pills in container		# Pills in container		# Pills in container		# Pills in container
Any diet restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes			Known allergies to medications (penicillin, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list.			
Is the camper subject to any of the following conditions that we should be aware of or sensitive to? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Fainting <input type="checkbox"/> Food <input type="checkbox"/> Gender Identity <input type="checkbox"/> Hay Fever <input type="checkbox"/> Homesickness <input type="checkbox"/> Poison Ivy/Oak <input type="checkbox"/> Other						

Christian Church In Kentucky/Camp Wakon'Da-Ho is not responsible for personal items that are lost, stolen or broken at camp.

In case of willful damage to camp property by camper, we may be responsible for repairs. Camper and Parent initial _____

Emergency Contact Information (Other than parent/guardian)		Cell Phone:	
Name:		Relationship to Camper:	
Address:			
Home Phone:		Work Phone:	

Camp Registration, Consent, Emergency Authorization & Indemnity – Please Print

List all who will be attending and age

Name Age

Name Age

Name Age

Name Age

Name Age

Name Age

Name Age

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 _____

Church Office: Registrations cannot be accepted without required signatures, insurance cards and **FULL** camp fee. If cancellation is necessary, please notify the CCK Office. All cancellations are subject to a \$15 administration fee withheld from the refund. Cancellations **MUST** be made no later than 10 days prior to the start of camp. No camp fees will be refunded for no-shows – no exceptions. **See Parent Information Page for full refund disclaimer and camp rules & regulations.**

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 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 understand that I may be sent home for behaving consistently in a way that does not reflect Christian love and grace. I will abide by all camp rules and regulations.

Camper _____ **Date** _____

PERMISSIONS AND RECOMMENDATIONS – SIGNATURES REQUIRED

Acknowledgement and Waiver -- I realize that participation in the Camp entails certain risks of personal injury and property damage, which risks include, but are not limited to, the possibility of injury or death related to swimming and boating, physical activity, use of Camp equipment and facilities, and the like. I also understand and agree that I am solely responsible for the above-named Child's transportation to and from the Camp, and I affirm and agree that the above-named Child is participating in the Camp voluntarily and I knowingly assume all such risks. In consideration of the above-named Child being allowed to participate in the Camp, I hereby, on behalf of myself, above-named Child, and our respective assigns, beneficiaries, heirs, personal representatives, trustees, and other successors or representatives, voluntarily and forever release, waive, and discharge the Camp, and their respective employees and representatives, from and against, and hereby covenant not to sue any of them regarding, any and all causes of action, claims, damages, injuries, liabilities, or losses (including, without limitation, such that may in any way arise from, be connected with, or relate in any way to the Camp or the negligence of the Camp management, or any of their respective employees or representatives) arising out of or in any way resulting from the Camp or the above-named Child's participation in or involvement with the Camp or any related activities or programs.

For CCK Office Use: Medical ___ **Diet** _ **Other** .

Photography: No Yes I authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of Camp events and the above-named Child's participation therein, and the publication or other use thereof. I waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

Indemnification: In return for sufficient good and valuable consideration, I hereby indemnify, hold harmless, and defend the Camp from and against any and all causes of action, claims, damages, injuries, liabilities, or losses that in any way arise out of, are connected with, or result from the above-named Child's participation in or involvement with the Camp or any related activities or programs. Such indemnification and hold harmless terms shall apply and be fully enforceable even if such injury or damage arises out of the negligence of the Camp, or any of their respective directors, employees, officers, agents, or representatives and shall include, without limitation, the Camp's reasonable attorney's fees associated therewith.

I, on behalf of myself and my Child and our respective assigns, beneficiaries, heirs, successors, and other representatives, agree that the waiver and release, assumption of risk, and indemnification, hold harmless, and defense provisions stated herein are intended to be as broad and inclusive as is permitted by the laws of the State of (in which the Camp is located) and that if any portion thereof is held invalid, the balance shall, notwithstanding such invalidity of any portion, continue in full force and effect.

I have read this document, fully understand its terms, and understand that I, on behalf of myself and the above-named Child, am through this document giving up substantial rights, including, among others, the right to sue and undertaking substantial obligations, including, among others, indemnification. I acknowledge that I am agreeing hereto freely and voluntarily, and intend this acknowledgement (whether hard copy or electronically transmitted) to be a complete and unconditional release of liability.