

# kids camp

2010

## KIDS Camp 2010 Information

Dates: **Monday, June 14—Friday, June 18, 2010**

Cost: **\$130**      Grades: completed **3rd, 4th and 5th**

Location: Assembly Park Camp, Lake Nebagamon, WI

## CAMPER Registration Form

### KIDS Camper Information

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

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

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

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

Home Phone: (     )     -     

Cell/Other Phone: (     )     -     

Grade completed at the time of camp:     **3 | 4 | 5**

Gender: male | female    Birthday: \_\_\_\_\_

Roommate Request: \_\_\_\_\_

### KIDS Church Information

Church: darrow road | eau claire | hayward  
          red cedar | safe harbor | spooner | the river

Other: \_\_\_\_\_

### Emergency Contact Information

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

Daytime Phone: (     )     -     

Evening Phone: (     )     -     

### CHURCH Leaders ONLY

CHURCH Leader, send completed registration forms **postmarked** by Tuesday, May 25, 2010 to:

**Hayward Wesleyan Church**  
**Kids Camp 2010**  
**PO Box 507**  
**Hayward, WI 54843**

Registration forms that are submitted after the May 25 deadline will definitely be accepted, but will be processed **LAST** for rooming assignments. Please **FAX** late registration forms to: **Hayward Wesleyan Church atn: Kids Camp 2010 @ 715-634-7823**. Group check-in at Kids Camp is between 10-11am on Monday, June 14, 2010.

### KIDS Medical Information

Health Ins. Co. \_\_\_\_\_

Policy/Group #: \_\_\_\_\_

Check if student has:

asthma     diabetes     bed wetting

infection/illness/health problems \_\_\_\_\_

dietary restrictions \_\_\_\_\_

special needs \_\_\_\_\_

Describe any allergies: \_\_\_\_\_

List ALL medications camper is currently taking:

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>
1. _____		
2. _____		
3. _____		
4. _____		

Prescription medications **MUST have a pharmacy label**. Please bring **ONLY** the amount of medications needed for the week of camp. ALL medicines **MUST be turned in to the Camp Nurse** at the time of Camp check-in.

### KIDS Parental Release Waiver

#### Medical and Permission Release

By signing this form, I am giving permission for my student to participate in any and all camp-related activities, including, but not limited to, being transported to and from related activities by pre-arranged transportation. In the event of minor aches or pains, I give permission for my child to receive Tylenol or Ibuprofen. This medical history is correct to the best of my knowledge. I authorize the camp health care supervisor to administer above medications to my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the camp health care supervisor to hospitalize and secure proper treatment for my child.

#### General Media Release

I grant to WI District Northern Kids Camp, its representatives and employees the right to take photographs of me and my property (children) in connection with any Kids Camp related activity, project, special event, or regular programming. I authorize WI District Northern Kids Camp, its assigns and transferees to copy right, use and publish the same in print and/or electronically. I agree that WI District Northern Kids Camp may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

\_\_\_\_\_  
(authorized parent or guardian)