CAMP REGISTRATION
KENTUCKY DISTRICT UNITED PENTECOSTAL CHURCH
PARTICIPANT INFORMATION

(*To be completed by participant or an authorized guardian*)

Check Camp Attending: ____Family Camp ____ Junior Camp Ages 8-12 ____Pentecostal Conquerors Camp Ages 12-19 *(never married)*

Name of participant: _____Age _____ Sex _____
Address: _____
City: _____State _____ Zip _____
Name of emergency contact: _____
Address: _____
City: _____ State _____ Zip _____
Telephone: Day _____Evening _____
Is sponsor authorized to approve medical treatment? Yes ☐ No ☐
List all medications camper is now taking_____
List any physical ailments and all known allergies_____
Please use back of form if more space is needed.
Do any of the physical ailments listed require extra care or monitoring? Yes No
If yes, please explain on back.
Would any of the allergies listed for your child cause a life threatening situation (severe swelling or stop breathing) if exposed? Yes No
If yes, a double dose ***Epi-pen*** or ***Epi-pen Jr.*** kit by prescription from your child's health care provider **must** be sent with your child for admission to camp. One dose will stay at the nurse's station, the other dose with the adult supervising your child.
Is participant covered by personal / family medical insurance? Yes No
If yes, name of insurer: _____
Policy or group number: _____

As a camper, I promise to obey all camp rules, and show a Christian spirit of obedience, cooperation, and respect.
Signature _____

As pastor, I have read the registration form, and recommend this camper.
Does this camper have the Holy Ghost? Yes No Should this camper be used other than choir ? Yes No
Has this camper been checked for head lice and has no head lice? Yes No
Signature _____ Church Name _____

By signing below, the participant (or parent / guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent / guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent / guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (or parent / guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____ Date: _____
(Participant or parent / guardian if participant is a minor)
Amount enclosed _____ (Fee covers class material, meals, lodging, and insurance.)