

CAMP REGISTRATION
KENTUCKY DISTRICT UNITED PENTECOSTAL CHURCH
PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian)

Select Camp Attending:		
Family Camp _____	Junior Camp _____ Ages 8-12	Youth Camp _____ Ages 12-19 (never married)

Name of participant: _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of emergency contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (Day) _____ (Evening)

Is sponsor authorized to approve medical treatment? Yes No

List all medications registrant is now taking: _____

List any physical ailments and known allergies: _____

(Please use back of form if needed)

Do any of these ailments 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 applicant covered by personal/family medical insurance? Yes No

Name of Insurer: _____ Policy or Group Number: _____

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

Signature: _____

As pastor, I have read this 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: _____

Amount Enclosed: _____ (Covers meals, lodging, insurance, and any class materials)