



# Camp Registration Form

## Child Information:

Child's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School: \_\_\_\_\_

Child's Shirt Size: \_\_\_\_\_

## Parent/Guardian Information:

1. Parent/Guardian's Name: \_\_\_\_\_  
(First) (Last)

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

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

2. Parent/Guardian's Name: \_\_\_\_\_  
(First) (Last)

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

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Camp Sessions:

Week 1: June 17-21  
Beach Week

Week 2: June 24-28  
Travel/Missions Week

Week 3: July 1-3  
July 4<sup>th</sup> Week

Week 4: July 8-12  
Dinosaurs Week

Week 5: July 15-19  
Christmas in July

Week 6: July 22-26  
Sports/Drama Week

Week 7: July 29-  
August 2  
Farm Week

Week 8: August 5-9  
Obstacle Overcomers

## Pick-up List:

Anyone other than parent/guardian picking up a camper must provide a photo I.D. and be listed below.

1. First and Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. First and Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Emergency Contact:

1. First and Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

2. First and Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

3. First and Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

## **Emergency Medical Release:**

In case of an emergency, I understand every effort will be made to contact me or the emergency persons listed about. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

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

Hospital Affiliation: \_\_\_\_\_

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

\_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy and/or Group #: \_\_\_\_\_

## **Allergies and Medications:**

Known Allergies: \_\_\_\_\_

Does your child need to take medication(s) during camp? \_\_\_\_\_

If your child requires medication, please specify: \_\_\_\_\_

## **Policies:**

**Sunscreen:** Please apply sunscreen to your child daily and send a bottle of sunscreen with your child's name. There will be times through-out the day where counselors will encourage campers to apply sunscreen.

**Lost or Stolen Items:** Campers are asked to leave any valuables and electronics at home. KCA Camp and Employees are not responsible for lost or stolen items.

**Electronics Policy:** Any electronics brought will be collected at the beginning of camp. They will be held until the end of the day and given back at dismissal.

**Photographs:** I give my permission for my child's photograph or video to be taken for use by Keystone Christian Academy in program brochures, annual reports, website, social media, and other promotional materials and for release to local newspapers.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_