

COVENANT KIDS CAMP
AT
ROCK SPRINGS, JUNCTION CITY

Canoeing Swimming Horseback Riding
Crafts Kid-friendly Bible Teaching
Counselors who care about and
Love Jesus

JULY 6-9 TRAILBLAZERS (ENTERING GRADES 3-4)

JULY 6-10 EXPLORERS (ENTERING GRADES 5-6)

Registration forms and a \$50 deposit are due by May 1st.

Forms can be dropped off at the church office.

Scholarships are available.

Direct questions to Nancy Bolden,

Camp Coordinator, at 227-5034.

COVENANT KIDS CAMP REGISTRATION FORM

- Trailblazer** (entering 3rd-4th grade) **July 6-9** **\$190** after 5/1 \$220
 Explorer (entering 5th-6th grade) **July 6-10** **\$290** after 5/1 \$320

Name _____ Age _____ Grade (in fall) _____ Sex _____

Address _____ City/State/Zip _____

Church Name _____ Birthdate _____

Specify one desired roommate _____

Parents/Guardian Name _____ Phone (Home) _____

(work) _____ In case of emergency call _____

Insurance Co. _____ Policy # _____

Does your child have any special needs the leaders and counselors should be aware of?
Please explain: _____

Parental/Guardian Medical Consent:

I authorize Covenant Kids Camp nurse to administer only the medications brought by the camper or those I have given permission on this form to take. **Medication brought from home to be given while at camp must be in original container with instructions.**

Tylenol yes/no

Benedryl yes/no

Ibuprofen yes/no

Other _____ yes/no

If a medical emergency should arise during the camper's participation at Covenant Kids Camp, at a time when I am not personally present so as to be consulted regarding the camper's care, I hereby authorize leadership of Covenant Kids Camp, on my behalf, to take whatever measures are necessary to insure that the camper is provided with any emergency medical treatment including hospitalization, which Covenant Kids Camp leadership deems advisable in order to protect the camper's well-being and health. I specifically agree to hold Covenant Kids Camp leadership harmless as to any claim for damages for any accident or injury of any kind resulting from the participation of my minor ward in Covenant Kids Camp activities.

Signature of Parent or Guardian _____

Amount Enclosed \$ _____ Balance Due June 14th _____

Give completed form with \$50 non-refundable deposit by May 1st to local church camp coordinator.

PLEASE COMPLETE REVERSE SIDE.

ROCK SPRINGS 4-H CENTER—YOUTH HEALTH AND PARTICIPATION FORM

Camper's Name _____

Health

_____ date of last tetanus immunization

List below any physical condition the doctor, EMT, nurse or adult sponsor should be aware of.
(Reporting conditions will not prevent a child from attending and will be kept confidential.)

Check conditions present and list any pertinent information.

___ insect stings

___ diabetes

___ asthma

___ heart conditions

___ ear infection

___ bedwetting

___ fainting spells

___ headaches

___ sleepwalking

___ allergies (please explain) _____

___ allergic to any drugs (please list) _____

Prescribed medicines presently taking _____

Other conditions _____

Participation

Rock Springs instructional staff is trained to provide the safest activities possible. I understand the campers will be closely supervised and agree that the supervisors, sponsors and Rock Springs 4-H Center are not responsible in case of injury or illness. I further understand that first aid will be available and that should a serious injury or illness occur, medical or hospital care will be provided. I realize the supervisors will notify me in case of serious injury or illness. However, should they be unable to contact me, I hereby grant my permission and consent for emergency medical or surgical care to be given, as determined necessary by a licensed physician. I give permission to Rock Springs 4-H Center, the Kansas 4-H Foundation and the Kansas 4-H Extension program to use pictures taken of my minor child while participating in activities at Rock Springs 4-H Center. I understand these photos may be used for the promotion of Rock Springs and cannot be sold or distributed to any other entity.

Parent or Guardian's Signature _____ Date _____

I specifically agree to hold Rock Springs 4-H Center harmless as to any claim for damages for any accident or injury of any kind resulting from the participation of my minor ward in Rock Springs activities including programs involving horses, and this "hold harmless guarantee" is specifically granted in consideration of the services by Rock Springs 4-H Center.

Parent or Guardians Signature _____

Address _____ Date _____

Rock Springs instructional staff is trained to provide the safest activities possible. Because there is some inherent risk in Rock Springs outdoor activities, please check which type of activity you will allow for the above camper:

___ May participate in all camp activities.

___ May participate in all except those activities listed below.

Please initial each area you **do not** wish the above camper to participate in:

___ canoeing

___ riflery

___ off-path hiking

___ archery

___ swimming

___ horse trail rides

___ other _____