



Christian Church (Disciples of Christ) In Kentucky-West Area
2018 Camp Registration/Health Form

I am a first time camper. I was invited by _____ from (name of church) _____. The camper who brings the most first-time campers will receive a gift card for \$50. And, the Church with the most first-time campers will receive \$250 for their youth/children's ministry program. Check www.campkumbaya.org for more information.

ALL SECTIONS MUST BE COMPLETE – Please print CLEARLY – All information is very important.

T-Shirt: YOUTH: Small, Medium, Large - ADULT: Small, Medium, Large, X-Large, 2X, 3X, 4X (Please circle) the appropriate size.

CAMP CALENDAR. Campers are to pick an event based on grade just completed

✓	GRADE COMPLETED	EVENT	DATE	2018 Fee	After May 1 Fee	True Cost
	1-2	Discovery*	June 8 to 10	\$98	\$113	\$136
	3	Young Disciples	June 1 to 3	\$98	\$113	\$136
	4-5	Junior	June 4 to 8	\$196	\$211	\$272
	6-8	Chi Rho	July 2 to 7	\$245	\$260	\$340
	6-8	Chi Rho Spirit Sailing (limit 15)	June 18 to 22	\$320	\$335	\$415
	9-12	CYF Spirit Sailing (limit 15)	June 11 to 15	\$320	\$335	\$415
	9-12	CYF	June 24 to 30	\$294	\$309	\$408

Make checks payable to KBY and send form with fee to:

KBY
P O Box 1332
Madisonville 42431

CAMPER INFORMATION – PRINT THIS INFORMATION. This is needed to contact you in an emergency. Please mail completed, signed form to the address above. Please use a separate form if registering for more than one camp.

*Discovery camp requires an adult with camper and the fee is per person. Both Camper and Adult will need to complete a separate form. Please indicate the name of person you will be attending with _____.

First Name		Last Name		<input type="checkbox"/> Male	Social Security
Date of Birth	Grade JUST Completed	Camper Address			
City		County	State, Zip		Phone
Church Name		Church City, State			
I would like to be in cabin with (Final assignment at director's discretion)					

CAMPER INSURANCE INFORMATION DOES YOU CAMPER HAVE HEALTH INSURANCE? Yes No
Insurance Carrier: _____ Policy #: _____ Group #: _____
Billing Address: _____

Physician's Name: _____ Phone: _____

Consent to Administer Medications – I understand that neither prescription nor over-the-counter medications will be administered to the named Child unless permission and documentation is provided in accordance with the manner prescribed for child care facilities by State laws and attached to this registration. By completing this section, I am giving permission for my child to have the listed medications and dosages. Parent initial: _____ Can your camper take Ibuprofen? No Yes
Prescription Medications – Over the Counter Medications – Please put all medications and an updated prescription list in a Ziploc bag with your camper's name. All medications **MUST** be in an original prescription container with the camper's name, physician, and dosage directions on the label. **We cannot dispense medications unless in the proper container.** Check with your pharmacy for a labeled container. **Only send enough medication for the duration of the event.** If you are sending over-the-counter medications, please provide an un-opened container.

Medication #1	Medication #2	Medication #3	Medication #4
Dosage	Dosage	Dosage	Dosage
Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed	Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed	Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed	Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed
# pills in container	# pills in container	# pills in container	# pills in container

Any diet restrictions? No Yes
Gluten-Free? No Yes
Vegetarian? No Yes
Known allergies to medications (penicillin, etc.)? No Yes If yes, please list.
Known allergies to food? (allergens, such as peanuts and other nuts may be used and your child might come in contact with these allergens) No Yes If yes, please list.
Any of the following allergies or conditions to which the camper may be subject? No Yes ADD ADHD Asthma Eating Disorder Fainting Food
 Hay Fever Homesickness Poison Ivy/Oak Other _____
Are there any medications that should **NOT** be given at camp? No Yes If yes, please list.

Parent/Guardian: Confirmation will be sent to the email address provided, so PRINT CLEARLY and check your email often.

Email:	Cell Phone:
Name:	Relationship to Camper:
Address:	
Home Phone:	Work Phone:
Email:	Cell Phone:
Name:	Relationship to Camper:
Address:	
Home Phone:	Work Phone:

Photography: No Yes I authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of Camp events and the above-named Child's participation therein, and the publication or other use thereof. I waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

CAMPER NAME:	
Emergency Contact Information (Other than parent/guardian)	Cell Phone:
Name:	Relationship to Camper:
Address:	
Home Phone:	Work Phone:

Camp Registration, Consent, Emergency Authorization & Indemnity -- Please Print

Sponsored Event and Activities:

Camp Kum-Ba-Ya provides a variety of supervised activities to children for their physical well-being and social development. Parents have the option of declining permission for specific activities for which they believe their child is physically or mentally unprepared. Usual activities include the following:	
<ul style="list-style-type: none"> • Baseball/softball • Lake swimming • Basketball, outdoors • Hiking • Archery 	<ul style="list-style-type: none"> • Food service, serving, bussing and cleaning only • Canoeing & kayaking, Class I river (or lake) • Fishing either canoes, dock or shoreline • Sailing, w/other children

Prohibited Activities: No Yes (If Yes, enter prohibited activities whether or not listed above, for example, "contact sports") _____

Registration: The undersigned (hereafter "I" or "we" whether one or more) hereby jointly and severally register the above named person to participate in the **Camp Kum-Ba-Ya** (Camp) program. I understand the Camp is sponsored and will be conducted by Camp directors, employees and volunteers, and affiliated organizations, and may involve certain activities, events, and programs.

Participant Limitations: (Provide additional information as needed, attach to form.)

My (our) camper is in good health and able to participate in all normal camp activities?
 Yes No (if NO explain) _____

List any recent illness, surgery or injury that may affect camper _____
 Without in any way limiting the extent or scope of the following, I (we) agree to promptly notify the Camp of any new needs, conditions, restrictions, or other information of or affecting the above-named Child's involvement in the Camp or any of its activities, events, leadership, programs, staffing, and supervision and to withdraw Child from any of the same that the Child is or should be restricted or prohibited from engaging in. Such needs, conditions, and restrictions include, without limitation, any food, chemical, and/or other allergies or susceptibilities and any other kinds of health conditions, limitations, or needs (such as, without limitation, any physical, emotional, or mental conditions or illnesses). I also agree to notify Camp promptly upon any change to any of the same or any of the above contact information.

Consent, Emergency Authorization, Waiver and Indemnification: By registering for the Camp the undersigned jointly and severally state and agree as follows:

Consent For Minors: I am the parent or legal guardian of the above named minor, and I hereby authorize and permit said minor to participate in the Camp and in all activities, events, and programs that are part of or are associated with that Camp, including any activities, events, or programs held at another location, except Prohibited Activities I have named above.

Emergency Authorization: If any medical care or treatment is needed for any injury to or illness my Child, I hereby

1. authorize and approve emergency and other treatment of the same;
2. request (but do not require) the Camp attempt to contact one or more of the emergency contacts I have told the Camp about and inform them of what has occurred;
3. authorize the Camp to arrange for care by, secure transportation to, and/or take my Child to any available doctor, dentist, source of emergency treatment, hospital, or other source of medical or dental treatment; and
4. agree I am responsible for any and all costs of and expenses associated with any of the same, and I hereby indemnify, hold harmless, and defend the Camp from and against any claims for the same.

I hereby authorize the Camp to release any information submitted in this Registration form or otherwise in Camp's possession to any emergency or other medical providers and to staff associated with the Camp.

Additional Responsibilities: Without in any way limiting the extent or scope of the foregoing, I have notified the Camp of any and all restrictions on Participant's participation in camp activities. Said restrictions include, without limitation, any food, chemical, and/or other allergies or susceptibilities and any other kinds of health conditions, considerations, or needs (such as, without limitation, any physical, emotional, or mental conditions or illnesses). I also agree to notify Camp promptly upon any change to any of the same or any of the above-stated contact information and to withdraw the above-named Child from any camp activities in which (s)he is or should be restricted or prohibited from engaging.

PERMISSIONS AND RECOMMENDATIONS – SIGNATURES REQUIRED

Acknowledgement and Waiver -- I realize that participation in the Camp entails certain risks of personal injury and property damage, which risks include, but are not limited to, the possibility of injury or death related to swimming and boating, physical activity, use of Camp equipment and facilities, and the like. I also understand and agree that I am solely responsible for the above-named Child's transportation to and from the Camp, and I affirm and agree that the above-named Child is participating in the Camp voluntarily and I knowingly assume all such risks. In consideration of the above-named Child being allowed to participate in the Camp, I hereby, on behalf of myself, above-named Child, and our respective assigns, beneficiaries, heirs, personal representatives, trustees, and other successors or representatives, voluntarily and forever release, waive, and discharge the Camp, and their respective employees and representatives, from and against, and hereby covenant not to sue any of them regarding, any and all causes of action, claims, damages, injuries, liabilities, or losses (including, without limitation, such that may in any way arise from, be connected with, or relate in any way to the Camp or the negligence of the Camp management, or any of their respective employees or representatives) arising out of or in any way resulting from the Camp or the above-named Child's participation in or involvement with the Camp or any related activities or programs.

Church Office: If cancellation is necessary notify the Camp Business Office. All cancellations are subject to a \$15 administration fee withheld from the refund. No camp fees will be refunded for no-shows.

Indemnification: In return for sufficient good and valuable consideration, I hereby indemnify, hold harmless, and defend the Camp from and against any and all causes of action, claims, damages, injuries, liabilities, or losses that in any way arise out of, are connected with, or result from the above-named Child's participation in or involvement with the Camp or any related activities or programs. Such indemnification and hold harmless terms shall apply and be fully enforceable even if such injury or damage arises out of the negligence of the Camp, or any of their respective directors, employees, officers, agents, or representatives and shall include, without limitation, the Camp's reasonable attorney's fees associated therewith.

I, on behalf of myself and my Child and our respective assigns, beneficiaries, heirs, successors, and other representatives, agree that the waiver and release, assumption of risk, and indemnification, hold harmless, and defense provisions stated herein are intended to be as broad and inclusive as is permitted by the laws of the State of (in which the Camp is located) and that if any portion thereof is held invalid, the balance shall, notwithstanding such invalidity of any portion, continue in full force and effect.

I have read this document, fully understand its terms, and understand that I, on behalf of myself and the above-named Child, am through this document giving up substantial rights, including, among others, the right to sue and undertaking substantial obligations, including, among others, indemnification. I acknowledge that I am agreeing hereto freely and voluntarily, and intend this acknowledgement (whether hard copy or electronically transmitted) to be a complete and unconditional release of liability.

Custodial Parent or Legal Guardian	
<input checked="" type="checkbox"/>	_____ signature required
Print name _____	
Date _____	
Non-Custodial Parent	
<input checked="" type="checkbox"/>	_____ signature required
Print name _____	
Date _____	

Camper/Participant: I have read and agree to the following covenant. I will be respectful to all persons and the camp environment at all times. I understand that possession of drugs, alcohol, tobacco or weaponry of any sort (knives, firearms, etc.) while at camp is prohibited and I will be sent home if these items are found in my possession. Radios, boom boxes, electronic entertainment devices, cell phones, pagers and beepers are disruptive to the camp community and I will not bring them to camp. I covenant to enjoy camp as an opportunity to come to know God through nature and through other people and I will participate fully in camp activities so I can get the most out of summer camp. I will not damage camp property and will be held financially responsible for any repairs needed as a result of my actions. I understand that food should not be brought to camp. I understand that I may be sent home for behaving consistently in a way that does not reflect Christian love and grace.

Camper _____ Date _____

Christian Church In Kentucky/Camp Kum-Ba-Ya/CCK-West Area is not responsible for personal items that are lost, stolen or broken at camp. In case of wilful damage to camp property, we may be responsible for repairs.

Camper and Parent initial.

Pastor: I understand the camping program is an integral part of the education ministry of the total church and I will help this camper understand the purpose of church camp, talking to him/her before and after camp about its meaning. If there are emotional, psychological or family issues that might affect the camper and/or the camp, I will inform the director or Camp Program Manager about these before the start of camp. Our church will pay \$ _____ on this camper tuition.

Minister's Signature _____

Church _____

Please complete this box. Amounts enclosed with form:	
Registration Fee	+ \$ _____
# of Concession Cards _____ (\$2 ea.)	+ \$ _____
Youth Offering	+ \$ _____
Donation (Thank you!)	+ \$ _____
My Church Pays	- \$ _____
Credit Card Payment Processing Fee	+ \$ 5.00
Total Enclosed	\$ _____
Credit Card: MasterCard, Visa, America Express	
Name on Card: _____	
Card Number: _____	
Expiration Date: _____	CVV: _____
Zip Code: _____	
Email receipt to: _____	
The information in this box is not shared beyond the Camp Business Office.	