

No Staples Please

Christian Church (Disciples of Christ) In Kentucky-West Area
2022 Camp Registration & Health Form



Camp Business Address
 Make checks payable to KBY
 Camp Kum-Ba-Ya
 P O Box 1332
 Madisonville KY 42431

ALL CAMP FORMS ARE TO BE MAILED TO THE BUSINESS OFFICE A WEEK BEFORE CAMP BEGINS
 NO FORMS WILL ACCEPTED ON ARRIVAL OF CAMP.

WHEN COMPLETING THIS REGISTRATION FORM, PLEASE PRINT. *Thank you.*

Please complete in black or blue ink. Mail completed application with check to the Camp Business Office.

All **completed** applications with fees need to be post marked by May 1, 2022. Please check the Camp's website for the Parent Information page (www.campkumbaya.org). To receive the parent information by email, please provide your email address in Section 2.

ATTENTION Discovery Campers: This camp requires an adult to attend 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 _____

CAMP CALENDAR. Campers are to pick an event based on grade just completed. Please check appropriate line.

_____	Discovery (see note above) (grades K-2)	June 24-26	\$112
_____	Junior (grades 3-5)	June 27-July 1	\$210
_____	Chi Rho (grades 6-8)	June 6-11	\$260
_____	Chi Rho Sailing (grades 6-8)	July 4-8	\$340
_____	CYF (grades 9-12)	June 12-18	\$310
_____	CYF Sailing (grades 9-12)	July 11-15	\$340

Photograph: _____ No _____ Yes

I authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of Camp events and the Child named in Section 1 below 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.



SECTION 1 – CAMPER INFORMATION – PLEASE PRINT

First Name	Last Name	_____ Male _____ Female	Date of Birth
Grade JUST Completed	Camper Address		
City	County	State, Zip	
Church Name	Church City, State		
What social media platform is best for communicating with the camper? (Facebook, Instagram, Snapchat, TikTok, Twitter, Youtube, and/or other.)			
Campers will be assigned to cabins and pods by home church. If possible, I would like to be in cabin with: (Final assignment at director's discretion)			
Youth T-Shirt: ___ Small, ___ Medium, ___ Large Adult T-Shirt: ___ Small, ___ Medium, ___ Large, ___ X-Large, ___ 2X, ___ 3X			
Camper has the ability to swim: _____ No _____ Yes. Children 12 years of age and younger will be required to wear a life vest while in canoes or boats, older youth that cannot swim will be required to wear a life vest.			
Will your camper be bringing medical device(s) to camp? _____ No _____ Yes If YES, please make sure the item is labeled with your camper's name and address. Please indicate here what item(s) they are bringing.			
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 [including smokeless/vapor cigarettes] 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. Electronic entertainment devices, cell phones, ipods, ipads, and laptops are disruptive to the camp community, and I will not bring them to camp. I covenant to follow all COVID-19 protocols to create a safe camping environment for myself and others. 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 Signature X _____ Date _____			

Physician's Name: _____ **Phone:** _____

Dentist/Orthodontist Name: _____ **Phone:** _____

SECTION 2 – CUSTODIAL PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION – PLEASE PRINT

We need an email address that you check regularly for updates on events. Please provide a landline or cell number for emergency use. We will not share your email address.

Name:	Relationship to Camper:
Address:	
Email:	Phone:
Name:	Relationship to Camper:
Address:	
Email:	Phone:
Emergency Contact Information (Other than parent/guardian)	
Name:	Relationship to Camper:
Address:	
Email:	Phone:

Camper Name _____

SECTION 3 – FINANCIAL INFORMATION

Please complete this box. Credit Card information is not shared beyond the Camp Business Office. Amounts enclosed with form:

Registration Fee	+ \$ _____	Credit Card: MasterCard, Visa, American Express
Youth Offering	+ \$ _____	Name on Card: _____
Donation for KBY Capital Campaign (Thank you!)	+ \$ _____	Card Number: _____
My Church Pays	- \$ _____	Expiration Date: _____ CVV: _____
Credit Card Payment Processing Fee	+\$ \$5.00	Zip Code: _____
Total Enclosed	\$ _____	Email receipt to: _____

SECTION 4 – CHURCH PASTOR (OR BOARD CHAIR)

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 with 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 Manager about these before the start of camp. Our church will pay \$ _____ on this camper fee.

Minister Signature: _____ Church _____ Date _____

SECTION 5 – CHURCH OFFICE

If cancellation is necessary notify the Camp Business Office (270-821-1332). All cancellations are subject to a \$15 administration fee withheld from the refund. No camp fees will be returned for no-shows.

SECTION 6 – CAMPER COVID-19 QUESTIONS

Parents/Guardian, in 2022 Camp Kum-Ba-Ya will use a multi-layered approach to creating a safe space for summer camp as we live through this COVID-19 pandemic together. Practices and protocols will depend on the current state and local guidelines and will be evaluated by the KBY Advisory Team as camp approaches. Protocols may include, but are not limited to, mask-wearing, social distancing, and designated hygiene practices. Please prepare to bring a sufficient number of masks for the week (2 per day recommended). As a precaution for all campers, volunteers and staff, we may be taking and documenting body temperatures at least once daily of all individuals at camp. If your camper has a temperature above 100.4°, we will be contacting you and taking them to be tested for COVID-19. If a camper receives a positive COVID test 2-7 days after departure from camp, parents/guardians are to notify the Camp Office at 270.821-1332. To view the current COVID Risk Reduction Strategies that are in place, please visit the "Register" page at www.campkumbaya.org Parent/Guardian initial here X _____.

If the attending physician states your camper can return to camp, we will contact you to discuss.

Has your camper been tested for Covid-19? ___ No ___ Yes. What were the results? ___ Negative ___ Positive. Date performed _____

Has anyone in your home tested positive for Covid-19? ___ No ___ Yes. If Yes, what date? _____

Has anyone in your home been around anyone diagnosed with Covid-19? ___ No ___ Yes. If Yes, what date? _____

SECTION 7 – CAMPER MEDICATIONS

All medications, including over the counter are turned in at registration and will be locked in the first aid cabinet. All medications are administered by our certified first aid staff. Initials X _____

If a minor will be taking medications while at camp, it is state law to secure your consent for medication distribution and for the use of medical devices.

Consent to Administer Medications – I understand that neither prescription nor over-the-counter medications will be administered to the named minor aged Child unless permission and documentation is provided in accordance with the manner prescribed for minor child care facilities by State laws and documented below (or attached to this application). By completing this section, I am giving permission for my minor child to have the listed medications and dosages. Parent/Guardian initial X _____

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.

Will camper be taking medications while at camp? ___ No ___ Yes **If NO, jump to Section 8**

Please list below all prescription and non-prescription medications you are sending (include vitamins, inhalers, etc.) **Please print clearly.** Include the medication name, prescribing physician, physicians' phone number and the dosage instructions. Use an additional sheet if needed. Remember, if your camper arrives without the medications listed the camp is required to call the custodial parent to verify changes.

Medication		Medication		Medication	
Dosage		Dosage		Dosage	
Frequency – check all that applies. ___ Breakfast ___ Lunch ___ Dinner ___ Night ___ As Needed		Frequency – check all that applies. ___ Breakfast ___ Lunch ___ Dinner ___ Night ___ As Needed		Frequency – check all that applies. ___ Breakfast ___ Lunch ___ Dinner ___ Night ___ As Needed	
# pills in container	Is this an inhaler? ___ No ___ Yes	# pills in container	Is this an inhaler? ___ No ___ Yes	# pills in container	Is this an inhaler? ___ No ___ Yes
Medication		Medication		Medication	
Dosage		Dosage		Dosage	
Frequency – check all that applies. ___ Breakfast ___ Lunch ___ Dinner ___ Night ___ As Needed		Frequency – check all that applies. ___ Breakfast ___ Lunch ___ Dinner ___ Night ___ As Needed		Frequency – check all that applies. ___ Breakfast ___ Lunch ___ Dinner ___ Night ___ As Needed	
# pills in container	Is this an inhaler? ___ No ___ Yes	# pills in container	Is this an inhaler? ___ No ___ Yes	# pills in container	Is this an inhaler? ___ No ___ Yes

TO BE COMPLETED BY KBY STAFF DURING REGISTRATION: Did camper arrive with medications as listed above? ___ No ___ Yes. If no, please contact parent/guardian and record conversation here. _____

Signed: _____ Signed: _____

Camper Name _____

SECTION 8 – CHECK THE ITEMS CAMPER SHOULD NOT BE GIVEN WHILE AT CAMP

The following non-prescription medications may be stocked in the camp health center and are used on an as needed basis to manage illness and injury.

Check those the camper should not be given.

- | | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Generic cough drops |
| <input type="checkbox"/> Aloe | <input type="checkbox"/> Guaifenesin cough syrup (Robitussin) |
| <input type="checkbox"/> Antibiotic cream | <input type="checkbox"/> Ibuprofen (Advil, Motrin) |
| <input type="checkbox"/> Antihistamine/allergy medicine | <input type="checkbox"/> Laxatives for constipation (Ex-Lax) |
| <input type="checkbox"/> Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) | <input type="checkbox"/> Lice shampoo or cream (Nix or Elimite) |
| <input type="checkbox"/> Calamine lotion | <input type="checkbox"/> Phenylephrine decongestant (Sudafed PE) |
| <input type="checkbox"/> Dextromethorphan cough syrup (Robitussin DM) | <input type="checkbox"/> Pseudoephedrine decongestant (Sudafed) |
| <input type="checkbox"/> Diphenhydramine antihistamine/allergy medicine (Benadryl) | <input type="checkbox"/> Sore throat spray |

SECTION 9 – ALLERGIES

Does camper have allergies? No Yes **If No, jump to Section 10**
 Hay Fever Poison Ivy/Oak Insect Stings Penicillin Other Drugs/Medications Other _____

List Allergies, describe reaction and treatment: _____

SECTION 10 – DIETARY/ALLERGIES

Does camper have dietary restrictions? No Yes
 Does camper have food allergies? No Yes **If No to both, jump to Section 11**

If your child has dietary/allergies noted, the camp cook will be contacting you prior to your camper's arrival to discuss dietary needs.

Gluten-Free? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, is it medical or a preference? _____	Known allergies to food? (allergens, such as peanuts and other nuts may be used and your child might come in contact with these allergens) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list _____	Additional remarks regarding dietary/allergies.
Is camper a Vegetarian? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Is camper a Picky eater? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Does camper eat meat? <input type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION 11 – INSURANCE Provide a copy of front and back of insurance card.

Is the camper covered by health insurance? No Yes

SECTION 12 – IMMUNIZATIONS

Is your child up to date on immunizations? No Yes

If your camper has **not** been fully immunized, please sign the following statement:
 I understand and accept the risks to my child from not being fully immunized.
 Signature of Custodial Parent/Guardian: X _____ Date: _____
 Relationship to camper: _____

Please record the month and year of immunizations. If you do not know the dates or whether camper has had certain immunizations, simply leave blank.

DPT (Diphtheria, Pertussis, Tetanus)	HIB (Haemophilus Influenza B)	Vaccilla (Chicken Pox)	Hepatitis A	IPV (Polio)
Tetanus Booster	TB (Tuberculosis test)	MMR (Measles, Mumps, Rubella)	Hepatitis B	COVID

SECTION 13 – HEALTH HISTORY:

Please know we value your privacy. Health History information is available only to the designated first aid staff. The more information you provide, the better we can do our job. Thanks!!

Does the camper have a history of or prone to any of the following? Please check all that apply.

- | | | |
|------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Recent injury, illness, infectious disease | <input type="checkbox"/> 11. Bleeding/Clotting Disorders | <input type="checkbox"/> 21. Been hospitalized |
| <input type="checkbox"/> 2. Chronic or recurring illness | <input type="checkbox"/> 12. Diabetes | <input type="checkbox"/> 22. Frequent Headaches |
| <input type="checkbox"/> 3. Asthma/Breathing problem | <input type="checkbox"/> 13. Mononucleosis (in last 12 months) | <input type="checkbox"/> 23. Head Injury |
| <input type="checkbox"/> 4. Homesickness | <input type="checkbox"/> 14. Chicken Pox | <input type="checkbox"/> 24. Eating Disorder |
| <input type="checkbox"/> 5. Frequent Ear Infections | <input type="checkbox"/> 15. Measles | <input type="checkbox"/> 25. Diarrhea or constipation |
| <input type="checkbox"/> 6. Seizure Disorder or Convulsions | <input type="checkbox"/> 16. German Measles | <input type="checkbox"/> 26. Frequent Stomachaches |
| <input type="checkbox"/> 7. Dizziness during or after exercise | <input type="checkbox"/> 17. Mumps | <input type="checkbox"/> 27. Wears glasses or contacts |
| <input type="checkbox"/> 8. Chest pain during or after exercise | <input type="checkbox"/> 18. Tuberculosis | <input type="checkbox"/> 28. Attention deficit disorder (ADD) |
| <input type="checkbox"/> 9. Heart Defect/Disease | <input type="checkbox"/> 19. Hepatitis | <input type="checkbox"/> 29. Attention deficit/hyperactivity disorder (AD/HD) |
| <input type="checkbox"/> 10. Hypertension | <input type="checkbox"/> 20. Joint problems (knees, ankles) | <input type="checkbox"/> 30. Fainting |

Please list the number and provide explanation of any checked items.

Date of Last Physical Exam (recommended within 24 months of camp). _____

SECTION 14 – PARTICIPANT LIMITATIONS Physical Activities to be limited or restricted while at camp.

My (our) camper is in good health and able to participate in all normal camp activities? No Yes (if NO, please list restrictions)

Camper Name _____

SECTION 15 – AUTHORIZATION 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.

My minor child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. **I/We give consent in advance for medical treatment at an appropriate facility in event of illness, injury, or exposure. We give permission for the camp medical personnel to be in the room while our camper is being treated, fully understanding that medical conditions may be discussed.**

Signature of Custodial Parent or Guardian x _____ Date _____

SECTION 16 – CAMP REGISTRATION, CONSENT, EMERGENCY AUTHORIZATION & INDEMNITY

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:

- Baseball, softball
- Archery
- Canoeing, kayaking, Class I river (or lake)
- Tether ball
- Lake swimming
- Soccer
- Fishing either canoes, dock or shoreline
- Badminton
- Basketball, outdoors
- Food service, serving, bussing, cleaning only
- Four Square
- Volleyball
- Hiking
- Housekeeping, general cleanup
- Sailing, with or without other children
- Dancing

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.

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.

Signature of Custodial Parent or Guardian x _____ Date _____

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, volunteers, first aid personnel, staff and representatives, from and against, and hereby covenant not to sue any of them regarding, any and all causes of action, claims, damages, injuries, sickness (including, without limitation, COVID-19), 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.

x _____ Date _____

Custodial Parent/Guardian

Indemnification: In return for sufficient good and valuable consideration, I/We hereby indemnify, hold harmless, and defend the Camp, and their respective employees, volunteers, first aid personnel, staff and representatives from and against any and all causes of action, claims, damages, injuries, sickness or disease (including, without limitation, COVID-19), 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/We, 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 Kentucky 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/We acknowledge that with my/our signatures below I/we are 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	Non-Custodial Parent or Legal Guardian
signature	signature
Print Name	Print Name
Date	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 willful damage to camp property, we may be responsible for repairs. **Camper and Parent initial.** _____ X _____ X