

SoCal Kids Network, Assemblies of God
Summer Kids Camp Application

Please print clearly

Check one: ☐ Camper ☐ Leader ☐ Staff

Camper Name: _____

Church City/Name: **Visalia / Visalia First Assembly**

Pastor: **Mike D. Robertson**

I want to room with: _____

REGISTRATION INSTRUCTIONS:

Fill this form out COMPLETELY. Print clearly. Only a Parent or Legal Guardian can sign this form.

All Attending **Campers, Student Leaders, Cabin Leaders & Staff Members** must complete this form.

PHOTO: Large color group photo will be available and is optional to purchase. Photo is NOT to be paid with this registration form.

NO PRE-CAMP ORDERS WILL BE ACCEPTED. Orders will be taken at camp. The cost is \$10.00.

A separate check is ok. MAKE PAYABLE TO: SoCal Network.

Camp Souvenirs: T-shirts, collector pins, hats and other such items may be available for purchase at camp.

Camp Attending: **Sugar Pine - June 13-16**

Registrant Information:

Name: _____ Birth Date: ____/____/____ Age: ____ Grade: ____ Gender: M ☐ F ☐

Address: _____ City / Zip: _____

Parent/Guardian: _____ Home Ph: () _____ Cell: () _____

Email: _____

Medical Information:

Emergency Contact: _____ Relationship to Camper: _____ Phone Number: () _____

Insurance Carrier: _____ Policy# _____

Physician Name: _____ Physician Ph.#: () _____

Does camper have diabetes? ☐ Yes ☐ No When do they take medication? _____

Has camper had a tetanus shot? ☐ Yes ☐ No Date of shot? _____

Does camper have any allergies? ☐ Yes ☐ No List Allergies: _____

Check ALL applicable conditions:

☐ Bee Sting or Insect Bite Reactions

☐ Food Allergies

☐ Hay Fever/Sinus Problems

☐ Asthma ☐ Sending RX

☐ Back or Neck Problems

☐ Bed-wetting (currently) Bowel Problems

☐ Epilepsy or seizure disorder Fainting

☐ Headache

☐ Heart Condition

☐ Nose Bleeds

☐ ADD ☐ ADHD ☐ Sending Rx (history of)

☐ Recent Injury / Surgery

Date of Injury: _____

Type of Injury: _____

Activity Restrictions: _____

☐ Vegetarian

☐ Sleep Walking

☐ Diabetic Type 1 Type 2

☐ Special ED EIP Psychiatric / Emotional Illness _____

☐ Child requires medical aide / supervision at all times

COMPLETE OTHER SIDE

Please list below all medications your camper will be bringing to camp:

Medication 1 _____	Frequency and Dosage _____
Purpose _____	
Doctor's Name _____	Phone Number () _____ - _____
Medication 2 _____	Frequency and Dosage _____
Purpose _____	
Doctor's Name _____	Phone Number () _____ - _____
(Write additional medications on the back)	

Are there any medical conditions camp personnel would need to be aware of? _____

Are there any special needs or restrictions on activities for the camper? _____

Please initial all boxes

Authorization for Medical treatment - (INITIALS REQUIRED OR CAMPER CANNOT BE TREATED)

The undersigned do hereby authorize Managers of Camp and/or Church/group listed as agents for the undersigned, to consent to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care for myself or listed family member, which is deemed advisable by the rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, at a hospital or elsewhere. The above mentioned agent is authorized to make decisions concerning the health and general welfare of myself or listed family member. I give permission to the medical personnel selected by SoCal Network to provide routine health care, to administer medications; to release my records necessary for insurance purposes: and to provide or arrange necessary transportation for myself or listed family member for the duration of the stay at camp.

Medication Notification: All medications (prescription and over-the-counter) will be in the possession of the camp nurse at all times and will be administered by the camp nurse only. Failure to provide medications in the original containers with the camper's name and correct prescription information on the bottle will be just cause for the camp nurse to refuse to administer the medications during the camp session. Medications that are past expiration date will not be administered. I have read and do understand the requirements for sending my camper with his/her required medications as prescribed.

Camp Insurance: Begins where the individual's and/or church's health and accident insurance policy(s) terminate. It is only valid when other insurance(s) has been extended to the limits. In case of no personal or church insurance policy, the camp's policy will provide complete coverage within its limits for accidents only.

Parental Consent:

I hereby give permission for my child to attend camp as indicated. By signing below, you and/or the parent or legal guardian of campers under the age of 18 agree to the camp guidelines / policies. **IN CASE OF EMERGENCY:** I hereby give permission to the Camp Director or Representative to select transportation to the camp's chosen physician who may hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child or for me (if over age 18) as named above on this Registration Medical Consent form. I give full permission to SoCal Network to reproduce any photographs or captured video of the person named above for the express purposes of camp promotional materials and/or the website for the SoCal Network, Assemblies of God.

Signature Adult / Parent or Legal Guardian

Relationship to Camper

Date