

(ALL MEDICAL INFORMATION IS KEPT CONFIDENTIAL)

Camper's Name: _____ Gender: (M) / (F) Birth date: _____

Weight _____ Height _____ T-Shirt size _____ Date of Last Tetanus: _____

Special Needs (please explain): _____

(attach additional information if needed)

Allergies (drugs, food, etc...): _____

Health Conditions (please list ALL health conditions including activity limitations and serious prior injuries)

(attach additional information if needed)

Primary Contact Person: _____ Number: _____

MEDICATIONS: *The camp nurse will have many over-the-counter medicines available at the camp. Please send only prescription or doctor-recommended medications to the camp with your child and send only enough medication for the camp. All medications must be in their original container.*

As Parent/Guardian, I authorize the camp nurse to assist my child with the medication listed below that I am sending with my child:

Medication Name	For What Condition?	Dosage/Frequency	Additional Comments

As Parent/Guardian, I authorize I do not authorize The Camp Nurse to give my child over-the-counter medications as needed from the camp medical supplies.
(Check the box indicating your preference)

Permission to travel and Authorization to treat

The camper listed above has my(our) permission to travel with Faith Center Church to Arrowpeak Lodge and to participate in all camp activities, including swimming. Realizing there are certain risks involved with any camp activities, I agree to release, indemnify, and hold harmless Faith Center Church, Arrowpeak lodge, the International Church of Foursquare Gospel, their leaders, director, employees, and volunteers for any losses, damages, or injuries arising out of or in connection with my child's participation in camp activities or in administering of emergency medical treatment. In the event of illness or injury, I authorize any member of the sponsoring ministry team or Faith Center Church Camp Director to secure emergency medical treatment for my minor child. I also understand that my insurance plan will be primary for payment of any treatment that is rendered to my child.

Signature Of Father & Mother or Legal Guardian _____ Date _____



Faith Center Kids' Camp 2018

For kids going into 3rd
to 6th grade

August 6th-9th
Monday - Thursday
Arrowpeak Lodge
Highwood, MT

What to Bring

- Sack Lunch
- Warm sleeping bag and pillow
- Sunglasses
- Bible
- Journal and writing utensil
- Flashlight
- 2 Towels (beach and bath)
- Personal hygiene items
- Bug repellent, sunscreen, and lip saver
- Water bottle (a must have)
- Casual clothes- warm, cold, and rainy weather: (jacket, finger-length shorts, jeans, T-shirt, sweatshirts, modest swimsuit, and sleepwear)
- 2 pairs of sturdy shoes (Shoes that are appropriate for running and climbing are essential to bring to camp. ex: sturdy tennis shoes, hiking shoes, etc....flip flops are not considered shoes).
- Good Attitude

CAMP VERSE:

I press on toward the goal for the prize of the upward call of God in Christ Jesus.
Philippians 3:14

Kids' Camp 2018

Sign up early! Space is limited. **Early bird deadline is July 15th for \$125.**
The FINAL registration deadline is July 29th at \$175.

Please complete all information, *front and back* and return with you registration fee to Faith Center . Make checks payable to Faith Center

Camper's Name: _____ Gender: (M) / (F) Grade Lvl (Next Fall): _____

Address: _____ City/State/Zip Code: _____

Roommate Request (optional): _____

Number by preference: _____ Volleyball _____ Basketball _____ Fishing _____ Ultimate Disk _____ Drama

Home Church (where you currently attend): _____

Additional Information

Father's Name: _____ Father's Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City/State/Zip Code: _____

Mother's Name: _____ Mother's Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City/State/Zip Code: _____

Emergency Contact: (other than Parents) _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Insurance Information

Insurance Company: _____

Policy Number: _____ Group Number: _____

Name of the policy holder: _____

Camper's Declaration: I will obey the Camp Rules. I agree to the Camp Director's judgment of appropriate dress. I understand that my parent/guardian will be responsible for any damage done by me, real or personal.

X _____

X _____

Camper's Signature

Parent/Guardian's Signature