

NWD KIDS CAMP 2015

July 12-18, 2015

Kids Application

(1st-6th grade completed)

Name _____ Boy _____ Girl _____

Address _____ City _____ State _____ Zip _____

Phone _____ Age _____ Birth date _____ Grade Completed _____

Church (please be specific, we are all Christian Assembly) _____

List two friends that your child would like in their cabin (we will room them with at least one of these friends) _____

T-shirt Size: (circle one) YS YM YL AS AM AL

HEALTH HISTORY: PLEASE INDICATE IF YOUR CHILD SUFFERS FROM THE FOLLOWING:

____ Frequent ear infections _____ Hypertension _____ Asthma

____ Hay fever _____ Diabetes _____ Ivy Poisoning

____ Convulsions _____ Epilepsy _____ Insect reactions

____ Bleeding/Clotting Disorder _____ ADHD _____ Physical Disabilities

Allergies _____

Current medications (with instructions) _____

Reason for medication _____

Any restrictions that we should know about your child? _____

Last tetanus shot _____ Does your child have any trouble bedwetting? _____

IN CASE OF EMERGENCY/RELEASE FORM

I _____ being the parent or legal guardian of _____ born __/__/__ hereby voluntarily agree to release, waive, discharge, defend and indemnify the NWD and its staff from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, or loss of services which may arise out of my child's participation in the activities revolving around the NWD summer camp. I hereby give permission for the camp staff to obtain the services of a licensed physician for my child in the event of an emergency where medical treatment is required. I agree to pay for any and all medical expenses incurred as a result of the use of this consent. I understand that it is my obligation to inform the staff of the NWD Camp of any health considerations or medical conditions that would restrict my child's participation in any and all activities while at camp. Please attempt to notify me immediately concerning any such emergency. I warrant that I possess all of the right, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

Parent/Legal Guardian _____ Date _____

Insurance Company _____

Group # _____ ID # _____

Emergency Contact _____ Phone Number _____

****Please complete this form and turn it into your children's ministry leader****

****Group registration will then be sent to Randy & Rhonda Holt, kids camp directors****