

NWD KIDS CAMP 2019

Kids Application

(1st-6th grade completed)

Name _____ Boy _____ Girl _____

Address _____ City _____ State _____ Zip _____

Phone _____ Age _____ Birth date _____ Grade Completed _____

Church (full church name) _____

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 wet the bed? _____

IN CASE OF EMERGENCY/RELEASE FORM/MEDIA RELEASE

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 _____

During the week of NWD Kids Camp, NWD Kids takes photographs and/or makes an audio or videotape recording of children and/or adults involved in camp activities, such photographs or video records may be used by staff and participants to remember the event. In addition, such photographs and audio/visual recording may be used by NWD Kids in publications or advertising materials. In addition, NWD Kids would like to share with families, friends and other churches before, during and after camp via social media and on the NWD website. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as the agents of the NWD see fit. This consent includes but is not limited to: photographs, videotapes, audio recordings, social media and the NWD webpage.

***CIRCLE: Consent: YES / NO Parent/Guardian Signature _____ Date _____

****Please complete this form and return it with registration deposit to Kids' Leader/Pastor****

****Group registration & this form will then be sent to Kids' Camp Leader by your leader****