

2010 Camper Application



1st & 2nd Grade

(Completed grades 1 & 2 Spring of 2010)

Thursday - Saturday

June 10-12

Miracle Hills Ranch
Bethany, MO

Cost:

\$130 if received before **April 18**

\$155 if received before **May 16**

Children of Counselors/Staff

See details on page 2

Directors:

Derek Moser
Julie Shaw

12campdirector@kcnazkids.org

3rd & 4th Grade

(Completed grades 3 & 4 Spring of 2010)

July 12-15

Wheat State Camp
Augusta, KS

Cost:

\$150 if received before **May 16**

\$190 if received before **June 13**

Children of Counselors/Staff

See details on page 2

Directors:

Jodi Patnode
Sarah Foster

34campdirector@kcnazkids.org

KCD District Homecoming Day Camp

(Birth - Grade 6)

Age-level activities provided

August 4, Kids Camp Choir
in evening service

August 5-6 Day Camp
College Church
Olathe, KS

**Separate application
Required—Watch the web!**

homecomingforkids@kcnazkids.org

Visit:

www.kcnazkids.org

5th & 6th Grade

(Completed grades 5 & 6 Spring of 2010)

July 19-23

Wheat State Camp
Augusta, KS

Cost:

\$160 if received before **May 16**

\$200 if received before **June 13**

Children of Counselors/Staff

See details on page 2

Directors:

Kris Mitchell
Jodi Patnode

56campdirector@kcnazkids.org

Camp Penuel

(Ages 7-11)

August 2-6

Location:
Ironton, MO

Cost:

\$20

Separate application required

Contact:

Herma Young

camppenueldirector@kcnazkids.org

Keep this page for your records

2010 Kansas City District Children's Camp Application

Checklist

- All applications must be accompanied by a local church check or money order

No Personal Checks Please

- 1st & 2nd Grade Camp (**\$130 on/or before 4/18; \$155 after**) _____
- 3rd & 4th Grade Camp (**\$150 on/or before 5/16; \$190 after**) _____
- 5th & 6th Grade Camp (**\$160 on/or before 5/16; \$200 after**) _____
- Total** _____

- If parent, legal guardian, or grandparent is selected as a counselor or staff for KCD Children's Camps, one child may attend camp at no charge. Additional children following this criteria may attend at half price.

If applications are received after the registration deadlines, **late fee will apply.**

Refunds in cases of emergency only. See Policy & Procedure manual for further explanation.

Local Church Responsibility

- Please make every effort to mail together all individual applications from your local church.
- Please review all applications to make sure they are filled out completely.
- Make out church check or money order payable to: **Fairlawn Church of the Nazarene**
Please write **Child's Name & Kids Camp** in the memo
- Give applications and payments to Pastor Joy Gammill

KCD Homecoming for Kids

Wednesday night, August 4 - Annual All Kids Choir!
Thursday and Friday, August 5 & 6 - Day Camp for kids only!

Separate Application Required—Watch the Web!



Children of District Homecoming Staff attend FREE!

2010 Kansas City District Children's Camp Application

Personal Information

Camp: 1st & 2nd Grade Camp 3rd & 4th Grade Camp 5th & 6th Grade Camp
 Gender: Boy Girl Child of Counselor/Staff: Yes No
 If you are receiving the Counselor/Staff Discount, please list staff member here: _____
 Relationship to camper: _____

Camper's Name: _____ Age: _____
 Preferred Name: _____ Grade Completed Spring 2010: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone Number () _____ Parent Email: _____
 Name of Parent/Guardians: _____ Cell/Work Phone Numbers:
 _____ () _____
 _____ () _____

KCD Children's Camp Medical Authorization & Waiver

Medical & Emergency Information

Camper's Birthday: ____/____/____ Height: _____ Weight: _____
 Insurance Company: _____
 Address: _____ 1-800 number: _____
 Policy Number: _____ Group Number: _____
 Current Medication(s): _____

(An Authorization for Medication/Procedure form available at kcnazkids.org must be completed prior to camp.)

Permission to give: Tylenol Advil Benadryl Other _____
(Generic equivalents may be used. See Over the Counter Medication Administration Guidelines at kcnazkids.org.)
 List any allergies: _____
 Does your child have seizures? Yes No Date of last occurrence _____
 List any camp activity from which your child should be exempt from participating in _____

Immunization Record Please list the dates of these vaccinations:		Last Tetanus Shot: / /
DPT (Diphtheria Pertussis Tetanus): / /	Hepatitis B: / /	Varicella (Chicken Pox): / /
MMR (Measles, Mumps, Rubella): / /	OPV/IPV (Polio): / /	

Family Doctor: _____ Doctor's phone number: () _____
 List your child's past medical treatment if any _____

Emergency Medical Authorization

The medical information provided on this form regarding my child is correct to the best of my knowledge. I hereby give permission for my child to receive above medications marked on this application as deemed necessary by the volunteer nursing staff and I understand that the volunteer nursing staff who administers the medications according to proper dosages shall not be held liable for any adverse reactions to the medication administered. I give my permission for my child to engage in all learning and recreational activities at the camp. I certify that my child is able to participate in those activities and that all medical conditions or allergies of my child which may limit my child's participation in activities are listed above. **IN THE EVENT I CANNOT BE REACHED IN CASE OF AN EMERGENCY, I HEREBY AUTHORIZE KCD'S DIRECTORS AND DESIGNATED PERSONNEL TO GIVE MEDICAL ASSISTANCE TO MY CHILD. I ACCEPT FULL RESPONSIBILITY FOR PAYMENT OF EXPENSES INCURRED AS A RESULT OF ANY MEDICAL TREATMENT FOR MY CHILD.**

Parent/Guardian Signature: _____ Date: _____
 Non Family Member Witness: _____ Date: _____

2010 Kansas City District Children's Camp Application

Camper's Name: _____

Church: _____

Preferences

T-Shirt Size: Child Small Child Medium Child Large
 Adult Small Adult Medium Adult Large Adult X-Large
 Other _____

Nazarene Church registered with: _____

The camp staff recognizes the importance of housing with a friend. We will attempt placement with one of your choices.

Roommate Choice: 1. _____ Church: _____

2. _____ Church: _____



5th & 6th Grade Camp Only

Paintball Waiver

This is a release of liability - read before signing

Parent/Legal Guardian:

This is to certify that I, _____, the parent/legal guardian with legal responsibility give _____ permission to participate in the sport and activity of paintball.

Signature: _____

Camper:

I, _____, understand that the sport and activity of paintball is physically intense and while particular protective equipment and personal discipline will minimize the risk, may even cause personal injury. I knowingly and freely assume all such risks. I understand and will follow the rules as given by the paintball instructor.

Signature: _____

Paintball Permission Not Granted

Parent/Legal Guardian:

I DO NOT want my child to participate in paintball.

Signature: _____