

Christian Church (Disciples of Christ) In Kentucky
 2020 Camp Registration/Health Form for
CYF, Eighters' & Chi Rho
Camp Wakon'Da-Ho



Medical - Diet – Other

ALL SECTIONS MUST BE COMPLETED – Please print CLEARLY – ALL information is very important.

CAMP CALENDAR. Campers are to pick their option based on grade just completed at the end of the 2019-2020 school year.

| █ | EVENT | GRADE COMPLETED | DATE | Fee |
|---|----------------|-----------------------|------------------|-------|
| | CYF Camp | 9-12 | June 29 – July 4 | \$230 |
| | Eighters' Camp | 8 th Grade | July 5 -11 | \$250 |
| | Chi Rho | 6-8 | July 13 -18 | \$230 |

Make checks payable to CCK and mail form with fee to:

WKDH Events
Christian Church In Kentucky
1125 Red Mile Road
Lexington, KY 40504

For more information call 859-233-1391 or go to our website at www.ccinky.org

CAMPER INFORMATION – PRINT THIS INFORMATION CLEARLY. This is needed to contact you in case of an emergency. Please mail completed, signed form(s), insurance card(s) and FULL AMOUNT OF CAMP FEE (s) to the address above.
Deadline for each camp is 2 weeks prior to the first day of that camp.

| | | | | | |
|---|---|---|---|---|---|
| First Name | | Last Name | | <input type="checkbox"/> Male | Social Security |
| Date of Birth | Grade JUST Completed | Camper Email Address | | | |
| Street Address | | City | State, Zip | Phone () | |
| Youth T-Shirt Sizes - YS YM YL (Circle Size) | | Adult T-Shirt Sizes - S M L XL XXL XXXL (Circle Size) | | | |
| Church Name | | Church City, State | | | |
| I would like to be in cabin with (Final assignment at director's discretion) | | | | | |
| Camper Insurance Information - Please send copy of insurance card (front & back) with your child if your current plan changes after you've submitted form. If the camper is not insured, please check here <input type="checkbox"/>. | | | | | |
| Insurance Carrier: _____ | | | | | |
| Policy # _____ Group # _____ | | | | | |
| Billing Address: _____ | | | | | |
| Physician's Name: _____ Phone _____ | | | | | |
| Consent to Administer Medications – I understand that neither prescription nor over-the-counter medications will be administered to the named child unless permission and documentation is provided in accordance with the manner prescribed for childcare facilities by state laws and attached to this registration. Medications: Prescription medications MUST be in an original prescription container with the camper's name, physician, and dosage directions on the label. We cannot dispense medications unless it is in the proper container. Check with your pharmacy for a labeled container. Only send enough medication for the duration of the event. The camp staff needs to know the number of dosages in the container upon arrival at camp. Attach extra page if needed. | | | | | |
| Medication | Medication | Medication | Medication | Medication | Medication |
| Dosage | Dosage | Dosage | Dosage | Dosage | Dosage |
| Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed | Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed | Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed | Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed | Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed | Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed |
| # Pills in container | # Pills in container | # Pills in container | # Pills in container | # Pills in container | # Pills in container |
| Any diet restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes | | Known allergies to medications (penicillin, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list. | | | |
| Is the camper subject to any of the following conditions that we should be aware of or sensitive to? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Fainting <input type="checkbox"/> Food <input type="checkbox"/> Gender Identity <input type="checkbox"/> Hay Fever <input type="checkbox"/> Homesickness <input type="checkbox"/> Poison Ivy/Oak <input type="checkbox"/> Other | | | | | |
| Parent/Guardian: Information may be sent to the email address provided, so PRINT CLEARLY and check your email often. | | | | | |
| Email: | | | Cell Phone: | | |
| Name: | | | Relationship to Camper: | | |
| Address: | | | | | |
| Home Phone: | | | Work Phone: | | |

CAMPER COVID 19 QUESTIONS

Parents/Guardian, as a precaution to all campers, volunteers and staff, we will be taking and documenting body temperatures daily of all individuals at camp. If your minor child has a temperature above 100.4°, we will be contacting you and taking them to either **Hospital**. Parent/Guardian initial here X_____. If the attending physician states your minor child can return to camp, we will contact you to discuss. Has your minor child been tested for Covid-19? ___ No ___ Yes. What were the results? ___ Negative ___ Positive. Date performed _____. Has anyone in your home tested positive for Covid-19? ___ No ___ Yes. If Yes, what date _____. Has anyone in your home been around anyone diagnosed with Covid-19? ___ No ___ Yes. If Yes, what date? _____. Has your minor child experienced a temperature of 100.4° at least 24 hours before attending camp? ___ No ___ Yes

Christian Church In Kentucky/Camp Wakon'Da-Ho is not responsible for personal items that are lost, stolen or broken at camp. In case of willful damage to camp property by camper, we may be responsible for repairs. **Camper and Parent initial** _____

| | |
|---|-------------------------|
| CAMPER NAME: | |
| Emergency Contact Information (Other than parent/guardian) | Cell Phone: |
| Name: | Relationship to Camper: |
| Address: | |
| Home Phone: | Work Phone: |

Camp Registration, Consent, Emergency Authorization & Indemnity -- Please Print

Sponsored Event and Activities:

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|--|--|
| Camp WKDH provides a variety of supervised activities to children for their physical well-being and social development. Parents have the option of declining permission for specific activities for which they believe their child is physically or mentally unprepared. Usual activities include the following: | |
| <ul style="list-style-type: none"> • Baseball/softball • Soccer • Basketball, outdoors • Hiking | <ul style="list-style-type: none"> • Food service, serving, bussing and cleaning only • Bath House/Dining Hall/Cabin Clean-up • Fishing • Swimming and Water Games |

Prohibited Activities: No Yes (If Yes, enter prohibited activities whether or not listed above, for example, "contact sports") _____

Registration: The undersigned (hereafter "I" or "we" whether one or more) hereby jointly and severally register the above-named person to participate in the **Camp Wakon-Da-Ho** (Camp) program. I understand the Camp is sponsored and will be conducted by Camp directors, employees and volunteers, and affiliated organizations, and may involve certain activities, events, and programs.

Participant Limitations: (Provide additional information as needed, attach to form.)

Is camper in good health and able to participate in all normal camp activities?
 Yes No (if NO explain) _____

List any recent illness, surgery or injury that may affect camper _____
 Without in any way limiting the extent or scope of the following, I (we) agree to promptly notify the Camp of any new needs, conditions, restrictions, or other information of or affecting the above-named Child's involvement in the Camp or any of its activities, events, leadership, programs, staffing, and supervision and to withdraw Child from any of the same that the Child is or should be restricted or prohibited from engaging in. Such needs, conditions, and restrictions include, without limitation, any food, chemical, and/or other allergies or susceptibilities and any other kinds of health conditions, limitations, or needs (such as, without limitation, any physical, emotional, or mental conditions or illnesses). I also agree to notify Camp promptly upon any change to any of the same or any of the above contact information.

Consent, Emergency Authorization, Waiver and Indemnification: By registering for the Camp the undersigned jointly and severally state and agree as follows:

Consent For Minors: I am the parent or legal guardian of the above named minor, and I hereby authorize and permit said minor to participate in the Camp and in all activities, events, and programs that are part of or are associated with that Camp, including any activities, events, or programs held at another location, except Prohibited Activities I have named above.

Emergency Authorization: If any medical care or treatment is needed for any injury or illness to my Child, I hereby

1. authorize and approve emergency and other treatment of the same;
2. request (but do not require) the Camp attempt to contact one or more of the emergency contacts I have told the Camp about and inform them of what has occurred;
3. authorize the Camp to arrange for care by, secure transportation to, and/or take my Child to any available doctor, dentist, source of emergency treatment, hospital, or other source of medical or dental treatment; and
4. agree I am responsible for any and all costs of and expenses associated with any of the same, and I hereby indemnify, hold harmless, and defend the Camp from and against any claims for the same.

I hereby authorize the Camp to release any information submitted in this Registration form or otherwise in Camp's possession to any emergency or other medical providers and to staff associated with the Camp.

Additional Responsibilities: Without in any way limiting the extent or scope of the foregoing, I have notified the Camp of any and all restrictions on Participant's participation in camp activities. Said restrictions include, without limitation, any food, chemical, and/or other allergies or susceptibilities and any other kinds of health conditions, considerations, or needs (such as, without limitation, any physical, emotional, or mental conditions or illnesses). I also agree to notify Camp promptly upon any change to any of the same or any of the above-stated contact information and to withdraw the above-named Child from any camp activities in which (s)he is or should be restricted or prohibited from engaging.

PERMISSIONS AND RECOMMENDATIONS – SIGNATURES REQUIRED

Acknowledgement and Waiver -- I realize that participation in the Camp entails certain risks of personal injury and property damage, which risks include, but are not limited to, the possibility of injury or death related to swimming and boating, physical activity, use of Camp equipment and facilities, and the like. I also understand and agree that I am solely responsible for the above-named Child's transportation to and from the Camp, and I affirm and agree that the above-named Child is participating in the Camp voluntarily and I knowingly assume all such risks. In consideration of the above-named Child being allowed to participate in the Camp, I hereby, on behalf of myself, above-named Child, and our respective assigns, beneficiaries, heirs, personal representatives, trustees, and other successors or representatives, voluntarily and forever release, waive, and discharge the Camp, and their respective employees and representatives, from and against, and hereby covenant not to sue any of them regarding, any and all causes of action, claims, damages, injuries, liabilities, or losses (including, without limitation, such that may in any way arise from, be connected with, or relate in any way to the Camp or the negligence of the Camp management, or any of their respective employees or representatives) arising out of or in any way resulting from the Camp or the above-named Child's participation in or involvement with the Camp or any related activities or programs.


For CCK Office Use: Medical ____ Diet ____ Other ____

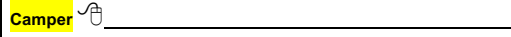
Photography: No Yes I authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of Camp events and the above-named Child's participation therein, and the publication or other use thereof. I waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

Indemnification: In return for sufficient good and valuable consideration, I hereby indemnify, hold harmless, and defend the Camp from and against any and all causes of action, claims, damages, injuries, liabilities, or losses that in any way arise out of, are connected with, or result from the above-named Child's participation in or involvement with the Camp or any related activities or programs. Such indemnification and hold harmless terms shall apply and be fully enforceable even if such injury or damage arises out of the negligence of the Camp, or any of their respective directors, employees, officers, agents, or representatives and shall include, without limitation, the Camp's reasonable attorney's fees associated therewith.

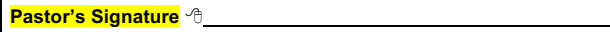
I, on behalf of myself and my Child and our respective assigns, beneficiaries, heirs, successors, and other representatives, agree that the waiver and release, assumption of risk, and indemnification, hold harmless, and defense provisions stated herein are intended to be as broad and inclusive as is permitted by the laws of the State of (in which the Camp is located) and that if any portion thereof is held invalid, the balance shall, notwithstanding such invalidity of any portion, continue in full force and effect.

I have read this document, fully understand its terms, and understand that I, on behalf of myself and the above-named Child, am through this document giving up substantial rights, including, among others, the right to sue and undertaking substantial obligations, including, among others, indemnification. I acknowledge that I am agreeing hereto freely and voluntarily, and intend this acknowledgement (whether hard copy or electronically transmitted) to be a complete and unconditional release of liability.

| |
|--|
| Parent or Legal Guardian |
|  |
| Signature required |
| Print name _____ |
| Date _____ |

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|---|
| Camper/Participant: I have read and agree to the following covenant. I will be respectful to all persons and the camp environment at all times. I covenant to enjoy camp as an opportunity to come to know God through nature and through other people and I will participate fully in camp activities so I can get the most out of summer camp. I understand that I may be sent home for behaving consistently in a way that does not reflect Christian love and grace. I will abide by all camp rules and regulations. |
| Camper  Date _____ |

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|---|
| Campers Only: In our efforts to create an environment where everyone feels welcome and included, there will be an option at each camp to stay in a gender identity sensitive cabin. This option is for individuals who do not identify with a specific gender, those that identify in a way other than traditional gender roles and individuals that are comfortable sharing a cabin with LBGTQ Campers. |
| Would you feel comfortable staying in an identity sensitive cabin? |
| <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Camper Signature/Date |
| Would you feel comfortable with your camper staying in a gender identity sensitive cabin? |
| <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Parent Signature/Date |

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| Pastor: I understand the camping program is an integral part of the education ministry of the total church and I will help this camper understand the purpose of church camp, talking to him/her before and after camp about its meaning. If there are emotional, psychological or family issues that might affect the camper and/or the camp, I will inform the director or camp office about these before the start of camp. |
| Pastor's Signature  |
| Church _____ |

Church Office: Registrations cannot be accepted without required signatures, insurance cards and FULL camp fee. If cancellation is necessary, please notify the CCK Office. All cancellations are subject to a \$15 administration fee withheld from the refund. Cancellations MUST be made no later than 10 days prior to the start of camp. No camp fees will be refunded for no-shows – no exceptions. **See Parent Information Page for full refund disclaimer and camp rules & regulations.**