

2014 MINNESOTA KIDS' CAMP

Camp (June 9-13, M-F) Camp 2 (June 16-20, M-F) For Kids ages 8-12 (going into 3rd-6th grades)

Print Clearly—Please fill out completely; no child will be admitted without a completed and signed form. If you have questions, please contact Minnesota Kids' Ministry at 612-332-2400 or ecorbett@mnaog.org.

Name _____ Male/Female _____ Grade in fall _____ Age _____ Birth Date ____/____/____

Address _____ City _____ State _____ Zip _____

Parents/Guardian (with whom child resides) _____

Phone _____ Add'l Phone _____ Add'l Phone _____

E-mail _____

Church Attending with _____ Church City _____

Cabin Mate Preference (First & Last name) *These choices are a guide for housing assignments only & can not be guaranteed. Choice 1 _____ Choice 2 _____

Is there anyone to whom we should **NOT** release your child? List complete name(s). _____

Your child will be released only to you or the designated adult from your church unless you instruct otherwise.

Health Information: Lack of insurance or the need of a PCA will not keep your child from being able to attend camp.

*****Please attach a copy of both the front and back of the camper's insurance card to this form.*****

Our Family does not have insurance.

Health Insurance Company _____ Policy Number _____ Employer _____

Policy Holder _____ Insurance Phone # _____ Last Tetanus Shot/Booster Date: _____

Dr. Name & Phone _____

Health Problems/Limitations _____

Does your child require a PCA, Para or extra services at school or home? Yes No

If your child will need extra supervision please coordinate with your pastor.

Allergies: Food Insect Bites Plants Medication/Drugs Other _____

List specific allergies: _____

My child may be given: Tylenol, Ibuprofen, Benadryl and/or antacids as deemed necessary by the camp nurse. Yes No

**The above listed medications are available in the nurse's office at camp and do not need to be sent with your child. If NO, list medication not to be dispersed:* _____

Medication: Will this camper be bringing medications to camp? Yes No

All medication, including non-prescription drugs, MUST be turned into the nurse upon arrival in original bottle or packaging with medication form supplied by your church.

COST: Early registration is **\$215** if postmarked by Friday, May 9th. If postmarked after this date, the cost is **\$255**.

Registration fee

Pre-Order Camp T-shirt (\$12 ea.) _____

Circle sizes: Youth L; Adult S, M, L, XL, XXL

Pre-Order Camp DVD (\$10 ea.) _____

Pre-pay Spending Money _____

Total Enclosed _____

Medical & Liability Release: I have read and approved the included information. You have my permission for my child to attend camp and participate in its activities. I, acting on my own behalf, also release the Minnesota District Council of the Assemblies of God and/or Lake Geneva Christian Center, its agents, assigns, staff, employees as well as volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness or death which may be sustained by my child as the result of any participation in the camping program. I am aware of the risks associated with participating in camping activities and accept participant's participation with full awareness of these risks. I understand that camp counselor refers to "a person in charge of a group of children at camp" and does not imply the individual is licensed to give counsel. I authorize the Minnesota District Council of the Assemblies of God to use our child's likeness in photographs or video in any and all of its publications and in any and all other media. We will make no monetary or other claim against the District for the use of such photographs or video. Parent's signature authorizes emergency treatment in the event of illness/injury and parents not immediately available, and permission authorizes camp personnel to inspect camper's belongings to see that they have not brought any prohibited or illegal items.

Open Admission: No child shall be denied admission to our camp(s) or the benefits of our USDA Child Nutrition Programs because of race, color, national origin, age, sex or handicap. Any person who believes he or she has been discriminated against should write immediately to the Secretary of Agriculture, Washington, D.C. 20250. Camp fees include lodging, meals, recreation and Bible Study materials. **Refunds** made cheerfully at the end of the camping season with a \$25 service charge upon request by August 1, 2014. We may not be able to accommodate housing preferences for late and/or on-site registrations.

Signature of Parent or Guardian Required

Date

FOR OFFICE USE ONLY Amount Paid: \$ _____ Check # _____ Paid by: _____
Balance Due: \$ _____ LGCC Scholarship: \$ _____ Date Paid: _____ Entered into spreadsheet Nurses' Copy made