



Kidz Kamp 2011

August 8th - 12th, 2011

Joshua 1:9

REGISTRATION FORM

Medical Release

I am the parent or legal guardian of _____.
I authorize Kidz Kamp personnel to transport my child and consent to medical examination or treatment as needed in the judgment of the Kidz Kamp Nurse and or Kamp Staff.

Parent or Guardian Signature : _____

INFO Section

Name: _____

Address: _____

City: _____ Zip: _____

Telephone #: _____

Local Church you are coming with: _____

Age: _____ Shirt Size: _____

Grade Completed: _____ Gender: _____

Name of 3 people you would like to team with during the week:

Are you an adult willing to help with recreation? Yes

Registration Costs

If you register by July 17th, 2011 - \$105

If you register after July 19th and if space is available, a \$10 late fee will be applied.

Each camper must fill out this form and return to your Youth Leader along with camp fees. Camp shirts are a free gift to those who register by the deadline.

Youth Ministers

Remember to register your students at

www.kidzkamp.net

Medical Section

Name: _____

Home Phone: (____) ____ - ____

Mobile Phone: (____) ____ - ____

Emergency Phone: (____) ____ - ____

Emer. Contact: _____

Insurance Company: _____

Policy #: _____

Allergies: _____

Date of Birth: ____/____/____

Family DR. _____

DR.'s Phone # (____) ____ - ____

Medications sent or needed at Kamp:

I agree to dress appropriately while at Kidz Kamp. I will follow the directions of Kamp Staff. I will not fight or be disrespectful, nor will I be anywhere I am not supposed to be. I will have a great week and learn about the one who gave His life for me. I will let Jesus change my life this week.

Student Signature: _____ Witnessed by Parent: _____