



Kidz Kamp 2019

Please choose an option below:

K1: 7/28-7/31 K2: 7/31-8/3

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: ____ Grade Completed: ____ Gender: ____

Shirt Size: YS YM YLg AdSm AdM AdLg AdXL 2XL 3XL

Are you an adult willing to help with recreation? Yes No

Game Preference : _____

Registration Costs

If you register by **July 7th**, 2019 - \$120

If you register after July 7th and if space is available, a \$25 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 of July 7th**.

Youth Ministers Remember to register your students at: www.kidzkamp.net

Medical Section

Name: _____

Home Phone: (____) _____ - _____

Mobile Phone: (____) _____ - _____

Email Address: _____

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: _____