

KID REGISTRATION & MEDICAL RELEASE

2019 KIDS FEST

STEP 1: KID INFORMATION (please print clearly)

Name _____ Age _____ Birthday _____ Gender ☐ M ☐ F

Mailing Address _____

Parent's Name with whom child lives _____ E-mail _____

Address (if different from above) _____

Day Phone # _____ Cell Phone # _____ Evening Phone #: _____

Emergency Contact Person _____

Relation to camper _____ Phone # _____

STEP 2: CHURCH INFORMATION

Church Name _____ City _____ Leader _____

STEP 3: PAYMENT

REGISTRATION FOR FRIDAY & SATURDAY

(POSTMARKED BY FEBRUARY 25)

COST _____ **\$40**
TSHIRT (optional) _____ **\$10** SIZE _____
TOTAL FOR KIDS FEST _____
AMOUNT ENCLOSED _____

SATURDAY ONLY REGISTRATION

(POSTMARKED BY FEBRUARY 25)

COST _____ **\$20**
TSHIRT (optional) _____ **\$10** SIZE _____
TOTAL FOR CAMP _____
AMOUNT ENCLOSED _____

NOTE: IF REGISTER AFTER FEBRUARY 25 ADD \$5.00 TO REGISTRATION—AT THE DOOR REGISTRATION ADD \$10.00

STEP 4: HEALTH CERTIFICATE (required) **NOTE: Medicine must be turned in to the camp nurse upon arrival**

Do you have Health Insurance? ☐ Yes ☐ No If so, Name of Company, Policy #, and Phone Number: _____

Is there any information we should have regarding this camper? (i.e. handicaps, restrictions, etc.) _____

What communicable disease has this camper had? (Check all that apply)

☐ Measles ☐ Polio ☐ Mumps ☐ Chicken Pox ☐ Scarlet Fever ☐ Whooping Cough

When did this camper last receive a Tetanus Shot (give year): _____

Does the camper have any of the following conditions? (Check all that apply)

☐ Heart Trouble ☐ Ear Trouble ☐ Kidney/Urinary Trouble ☐ Asthma ☐ Hernia ☐ Skin Trouble ☐ HIV/AIDS ☐ Lung Trouble ☐ Diabetes ☐ Seizures

Allergies (Name allergies or medications camper is allergic to. **Camper must bring own EpiPen if needed.**) _____

Name medication presently taking _____

Please circle what this camper may receive:

Tylenol Benadryl Advil Ibuprofen Claritin Aspirin Mylanta Pepto-Bismol Nasal Decongestant Cough Syrup Tums Pepcid

STEP 5: SIGNATURE & Initials (required)

I (parent/guardian) do hereby state that I have legal custody of the child, a minor who resides with me. While this minor is a registered camper at any Georgia Assemblies of God event, I hereby authorize any director, nurse, or any other responsible personnel of said camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care to be rendered to this minor under the general or special supervision and on the advise of any physician or surgeon licensed in the State of Georgia, when such a medical or surgical treatment is necessary. Initial _____

I consent to the taking of photographs and/or video of the minor and release Georgia Children's Ministries to use said photos/videos for non-profit purposes including use in print, on the internet, and all other forms of media. Initial YES _____ NO _____

I/we do hereby give permission for the camper referenced in the application to participate in all camp activities, including but not limited to: field activities, swimming, water slides, zip line, and lake activities.

Parent's Signature (Required) _____ Date ____/____/____