

**Southern Idaho Ministry Network**  
**Summer Camps 2019**

**KIDZ KAMP**  
**Grades 1 - 6**  
*(Ages 6 - 12)*

**July 3rd - July 7th**  
*Wednesday to Sunday*  
**REGISTRATION DEADLINE:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_  
 Gender at Birth     Male     Female    Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_  
 E-mail \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Church \_\_\_\_\_

**REGISTRATION:**

➔ Registration fees are **NON-REFUNDABLE.**  
 Registration is transferable to another camper within the same camp year!

➔ 

I have read the parent/camper info sheet and will abide by all camp rules/dress code.  
 \_\_\_\_\_  
 STUDENT SIGNATURE

- Early Discount Registration Fee: \_\_\_\_\_
- Regular Registration Fee: \_\_\_\_\_
- Family Discount: (subtract)    -    \_\_\_\_\_

Family members attending camp:

\_\_\_\_\_ KK Teen

\_\_\_\_\_ KK Teen

\_\_\_\_\_ KK Teen

**FAMILY DISCOUNT BREAKDOWN:**  
 First student is FULL price. The second student receives \$10 off and the third \$20 off. *(Discount applied when two or more siblings of the same family attend any one of the camps. Staff family members are NOT included.)*

**To be completed by your Church's Designated Leader**

I have looked over the student's form for all signatures and have read his/her health history, including allergies and dietary instructions.

\_\_\_\_\_ Church Leader's Initials

**TOTAL REGISTRATION**    \$

**See Parent / Guardian section on back.**

# This section must be completed by the Parent / Guardian.

## STUDENT HEALTH INFORMATION

Are all IMMUNIZATIONS current?  Yes  No Date of last Tetanus Booster: \_\_\_\_\_ Student if free from contagious health problems:  Yes  No

MEDICAL HISTORY: (Check all that apply)  Asthma  Bedwetting  Bone/Muscle/Joint Disorder  Diabetes  Ear Infection  
 Fainting  Headaches  Heart Trouble  Hypoglycemic  Kidney/Bowel Disorder  Liver Disorder  
 Lung Disorder  Menstrual Problems  Seizures  Skin Disease  Sleepwalking  Sore Throat

Explanation for check items: \_\_\_\_\_

List ALL Allergies: \_\_\_\_\_

Type of reaction experienced and treatment required: \_\_\_\_\_

Medical related dietary restrictions: \_\_\_\_\_

Mobility limitations / Activity restrictions: \_\_\_\_\_

MEDICATIONS: (List all medications to be administered at camp.) \_\_\_\_\_

**ALL MEDICATIONS must be in original container and clearly labeled. Unmarked medications cannot be given.**

CAMP LICE POLICY: SIMN Camps have a "no nit" policy. If student arrives with lice or nits, he/she will be sent home at parent's expense.

**PARENTAL AUTHORIZATION:** I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_ (hereafter the "minor child"). I hereby give my consent to have my minor child attend the Southern Idaho Ministry Network (SIMN) summer camp. I further certify that this health history is correct to the best of my knowledge and the minor child has permission to participate in all prescribed activities of the event. I recognize that there are risks involved in participating and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this event. To the fullest extent permitted by law, I release SIMN, its officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the event and agree to save and hold harmless SIMN, its officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation. Permission is also given to SIMN to use photographs (individual or group) and/or multimedia images and recordings in the best interest of SIMN.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.

I also hereby give permission to the camp counselor and/or a camp staff member to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents. I also understand the ZERO-tolerance policy and should my child violate any camp rules, it could lead to dismissal from camp.

Medical Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_