

Junior Camp Registration August 18-21, 2010



Junior Camp is for kids going into 3rd to 5th grade in the fall of 2010. Early registration cost is \$180 through Aug. 1 and \$200 from Aug. 2-Aug. 8

Registration, Parents/Legal Guardian Consent & Medical Form

Camper's Name: _____ Grade Fall '10: 3rd 4th 5th

Male Female Birthdate: _____ Parent Email Address: _____

Address: _____ City: _____ Zip _____

Parent/Guardian Name(s): _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Cabin Buddy (same grade): _____

Does your camper swim? Yes Some No T-Shirt Size (circle one) : YS YM YL AS AM AL AXL

Physician _____ Physician's Phone _____

Medical Insurance Company _____ Policy number _____

Alternate Emergency Contact _____ Hm Cell Wk _____ Hm Cell Wk _____

Immunizations up-to-date? Yes _____ No _____ Date of last tetanus shot: _____

Does student have any history of:

- Asthma Sinusitis Bronchitis Kidney Trouble Diabetes Hay Fever Heart Trouble
 Dizziness Stomach Upset Bedwetting Other: _____

List any known allergies to:

Food: _____ Reaction: _____

Medicines or drugs: _____ Reaction: _____

Insect stings or bites: _____ Reaction: _____

Poison sumac, oak, ivy or any other plants/trees/grasses: _____ Reaction: _____

Any medication required with these allergies: _____

Prescription medications camper will be bringing to camp: _____

Is your student on a special diet? Yes No If yes, please explain: _____

Except those crossed out, I give permission to administer the following medications should my child need medical attention.
(CROSS OUT the following medications you do **NOT** want your child to be given.)

Pepto Bismol (Chewable) Tums Maalox Advil Tylenol (Chewable/Regular)
Actifed Dimetapp Robitussin Visine Benadryl Cream Benadryl Tablets Calamine Lotion
Topical Antiseptic Topical Aloe Vera Gel Gold Bond Powder Hydrogen Peroxide

(continue on reverse)

PERMISSION TO PARTICIPATE, RELEASE, MEDICAL CONSENT AND PAYMENT OF EXPENSES

We/I, the undersigned parent(s) or legal guardian(s) of the Child identified in this Form, grant permission for the Child to participate in the program at Grace Community Church (the "Church").

We/I grant permission to the Church and its employees and agents to take the Child to a licensed physician for medical treatment, emergency surgery, or hospitalization if the Child becomes ill or sustains an injury or otherwise requires medical treatment or attention and the Church cannot contact me within a reasonable period of time. We/I give my consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain or to preserve the Child's life or health. We/I agree to assume the responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of the Child in the event the Child receives medical attention.

We/I understand that the Church may remove the Child from the program at any time without advance notice in its sole and absolute discretion; provided that removal must be in compliance with federal and state laws and regulations (to the extent they apply to the Church). If the Church determines that my child must be removed from the Activity and returned to us/me, we/I will accept a collect call and, if required, will arrange for his/her immediate transportation from the Activity, and pay or reimburse the Church for any and all associated costs.

We/I release and agree to hold harmless, defend and indemnify the Church and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or willful misconduct of the Church) that the Child or the Parent may suffer as a result of the Child's enrollment and/or participation at the Church.

Registration and participation in this event gives Grace Kids permission to use photos or video taken at this event for publication and promotion purposes.

This document contains a release and waiver of liability. Please read carefully before signing.

Parent/guardian signature _____ date _____

Parent/guardian signature _____ date _____

Additional Comments _____

A letter with camp details including what to bring, where to go, and when to arrive will be sent to all registered campers at the end of July.

Make checks payable to Grace Community Church
Return this form and camp fees to:

Grace Community Church
Grace Kids~ Junior Camp
1320 Auburn Way S
Auburn, WA 98002

Office Use Only
Date Paid _____
Amount \$180 \$200 other _____
Check # _____
Scholarship _____
Notes _____
