



Kanisa Camper Registration 2019

Bartlesville First Church
4715 SE Price Rd.
Bartlesville, OK 74006
(918) 336-3361

June 3 - July 25, 2019
Monday - Thursday
9 am - 3 pm
Before and After Care Available

Student's Name _____

Birth date _____ Prefers to be called _____

Address _____

T-Shirt Size_ Youth XS Youth S Youth M Youth L Youth XL
 Adult S Adult M Adult L Adult XL Shoe Size _____

School _____ Grade Completed _____

Home Church (if applicable) _____

Parent/Guardian(s) _____

Telephone Numbers Home _____ Work _____

Cell _____ Cell _____

Email Address _____

Emergency Contacts

Name	Relationship	Primary Phone	Secondary Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*The Parent/Guardian and/or the Emergency Contact will be the **ONLY** people authorized to pick up the student from camp, unless previous arrangements are made.*

*To help us with planning, please list any dates of which you are aware that this camper will be absent:

There is a fee of \$300/per month or a weekly fee \$100/per week for the eight week program. Before and after care is an additional \$3/hour per child.

Bartlesville First United Methodist Church

Summer Day Camp Medical Form

Child's Name _____ Birth date _____

Parent/Guardian Name(s) _____ Phone _____

Doctor Name _____ Phone _____

Emergency Contact _____ Phone _____

PRIVACY NOTICE: *The information in this form will be kept separate from all other forms and will only be seen by the Senior Pastor and, in his absence, one appointed, long-term volunteer or staff member who is trained in Safe Sanctuary and HIPAA policies.*

Medical Information

Does your child have any medical or psychological issues that will be pertinent during activities or outings?

Yes No

If yes, please describe: _____

Does your child have any life-threatening allergies? Yes No Has Epi-Pen

If yes, please describe: _____

Does your child have any food intolerances, dietary restrictions or other food-related issues we should know about? Yes No

If yes, please describe: _____

Please list any medications your child is taking, dosages, and any restrictions caused by the medications:

If your child has any life-threatening allergies and conditions, please provide the church with a copy of your child's most recent Emergency Action Plan.

Child's Name _____

Permission

I give Bartlesville First Church (BFC) permission to administer the following common over-the-counter medications to my child:

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Benadryl | <input type="checkbox"/> Tums |
| <input type="checkbox"/> Hydrocortisone itch cream | <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Neosporin | <input type="checkbox"/> Kaopectate |
| <input type="checkbox"/> Saline solution for eyes | <input type="checkbox"/> Insect repellent (w/o DEET) | <input type="checkbox"/> Insect repellent (w/ DEET) | |

Permission

- I hereby give BFC permission to administer medications, discuss my child's specific medical needs with me (if necessary) and administer emergency care if needed. I will provide a copy of the front and back of my child's insurance card.
- I choose to not provide medical information to BFC, and understand that by doing so, I understand that BFC is not liable for any damages resulting from medical emergencies.

Parent Name _____ Signature _____ Date _____

Received by _____ Signature _____ Date _____

Kanisa Camp General Release Form

The following are releases and permissions which you may or may not agree to.

Yes No **Authorization given for medical treatment as defined below:**

In the event that he/she is injured while participating in this activity and requires the attention of a doctor, we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital personnel refuse to administer without our consent, we hereby authorize any adult sponsor representing First Church Kanisa Camp to give such consent for us if we cannot be reached by telephone at one of the numbers indicated on this form, or in the case of an emergency where there is no time for us to give consent. We agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician.

Yes No **Publicity release as defined below:**

I grant permission to Kanisa Camp, Bartlesville First Church, and the Oklahoma Conference of the United Methodist Church for Kanisa Camp related photographs and video footage of my child to be included in publicity info such as news releases, videos, newsletters, brochures, web site postings, and postings on social media sites such as Facebook. I understand that the pictures and video footage will not include the names of the students.

Yes No **Beginning and End of Day Release:**

I acknowledge that I am responsible for my child's safety before and after the camp and that First Church is only responsible for my child from the time he/she is signed in until the time he/she is signed out. I further understand that my child will not be released earlier than 3 pm, nor admitted prior to the beginning of the camp day at 9 am.

Yes No **Field Trip Release:**

I give my child permission to travel on field trips with Kanisa Camp of Bartlesville First Church in vehicles designated by the Kanisa Camp and First United Methodist Church staff.

Yes No **Skating Release:**

I give my child permission to participate in skating on the property of Bartlesville First Church. I understand the risk of injury due to falls or collisions with other children and stationary objects.

Yes No **Loss and Injury Release:**

I agree to hold Bartlesville First Church and all leaders of Kanisa Camp free from liability from all injuries, damages, or losses unless caused by the willful or intentional conduct on the part of the leader or staff.

I, _____, the parent/guardian of _____
(Parent/Legal Guardian's Name Printed) (Camper's Name Printed)
have read and understand the above and have checked the releases of which I agree and give consent to.

Parent/Legal Guardian's Signature

Date

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
AND PARENTAL CONSENT
READ BEFORE SIGNING**

PARTICIPANT'S NAME _____ AGE _____

Name of Parent or Guardian (if participant is a minor) _____ (please print)

IN CONSIDERATION of being permitted to participate in activities on the premises or under the authority of Kanisa Camp and Bartlesville First Church, a United Methodist Community, on my behalf and on the behalf of the participant named above I acknowledge, appreciate, consent, and agree that:

- 1) The risk of injury from some activities involved in this program may be significant, including the potential for permanent paralysis or death. The risk includes, but is not limited to, skating injuries, canoe tipping, drowning, falling, bus accident, sports injuries, animal bites, or other injuries resulting from summer activities.
- 2) By signing this RELEASE OF LIABILITY, I UNDERSTAND AND KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, EVEN IF ARISING FROM THE NEGLIGENCE OR LEGAL LIABILITY of those persons released from liability below and assume all responsibility for my participation. I understand that there may be other risks as well, and I agree to assume them; I am not relying on Kanisa Camp or the Bartlesville First Church, a United Methodist Community, to list all possible risks to me.
- 3) I and or my child will comply with all rules and regulations of Kanisa Camp and Bartlesville First Church, a United Methodist Community. If I have any questions or observe any unusual or unnecessary hazard during my participation, I will immediately notify the nearest leader, teacher, administrator, or employee.
- 4) I feel that the possible benefits to myself/my son/my daughter/my ward of participation in the programs at Bartlesville First Church, a United Methodist Community property are greater than the risk assumed. I hereby, intending to be legally bound, for myself on behalf of my heirs and assigns, personal representatives, and next of kin, waive and release forever all claims of damages against Kanisa Camp and Bartlesville First Church, a United Methodist Community and its employees, owners and affiliated persons, as well their members, officers, agents, employees, and any other persons or entities acting on their behalf, for any and all injuries and/or losses I/my son/my daughter/my ward sustain while participating in programs either on or off site, or while being on or near the premises of Bartlesville First Church, a United Methodist Community.

This release shall be valid starting from date executed for as long as participant either (1) participates in any activities associated with or (2) is on or near the premises of the Bartlesville First Church, a United Methodist Community. If participant is a minor, Parent or Guardian executes this agreement on behalf of himself/herself as well as the minor child or legal ward.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR COERCION BY ANYONE.

Signature _____ Date Signed _____
Parent or Guardian if Minor (under age 18)

Minor's name _____ Age _____

Received by _____ Date _____