

# King Solomon Christian Camp

## REGISTRATION FORM 2020

**Camper Information: (Please print clearly)**

Gender (circle one): M F

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Church: \_\_\_\_\_ Minister: \_\_\_\_\_

Baptized (circle one): Yes No Grade camper will be going into in the fall of 2019 \_\_\_\_\_

Camp Attending (circle one): SR.HIGH (JUNE 1-5) JR.HIGH (JUNE 22-26) 5/6TH #1 (JUNE 8-11) 3/4TH #1 (JUNE 14-16)  
1/2ND (JUNE 18-19) DAY CAMP (MAY 30) 5/6TH #2 (JULY 6-9) 3/4TH #2 (JULY 12-14)**Family Information:** contact email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address if different: \_\_\_\_\_ Address if different: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Home #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

**Person other than parent to contact in case of an emergency:**

Contact's Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

**Day Camp parents only:** Will anyone accompany child to camp? Yes No - (\$5 cost for lunch/adult, if not staff)

Father Mother Other \_\_\_\_\_ If yes, is this person willing to assist with camp activities? Yes No

**Medical Information & Release Form:** (do not detach)

Camper's Name: \_\_\_\_\_

Medical Ins. Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address of Ins. Co. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph. # of Ins. Co. ( ) \_\_\_\_\_ Camper's Doctor: \_\_\_\_\_ Doctor's Ph. #: ( ) \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ **Medications** List any regular prescribed daily medications which your child may be taking at camp: \_\_\_\_\_**Medical History** Please list any special instructions concerning this camper (i.e.: allergies to drugs, foods, special diets, any activity you wish your child not to participate in, etc.): \_\_\_\_\_

**All Parents:** I realize that young people at camp can become injured. I hereby assume the risk of all injuries to my child and hereby release and discharge King-Solomon Christian Service Camp, its agents and employees, from any and all liability which may result from injury to my child. Insurance protection is my responsibility. I give my permission for the camp to administer medications as it deems necessary to my child. This includes medications sent with my child, or non-prescription medications available at camp. I give permission for my child to participate in all camp activities on camp property. In case of emergency I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the camp health-aide or director to hospitalize and secure proper treatment (including surgery) for my child. I do not authorize King-Solomon Christian Camp to take my child off of camp property for any activities. This would include swimming and other special activities.   
I do not authorize King-Solomon Christian Camp to use pictures and/or video footage of my child for its website or other promotional materials.

Signature of Parent/Legal Guardian (must be 18 or older): \_\_\_\_\_ Date \_\_\_\_\_

In signing this form, I declare that I have read and agree to abide by the King Solomon Christian Camp Policies for (located on back).

**FULL PAYMENT MUST ACCOMPANY REGISTRATION TO BE PRE-REGISTERED****REGISTRATIONS MUST BE POSTMARKED OR TURNED INTO A CAMP-AFFILIATED CHURCH BY MAY 3, 2020****CALL US IF YOU HAVE ANY QUESTIONS OR WOULD LIKE TO KNOW YOUR NEAREST CAMP-AFFILIATED CHURCH!**

## King Solomon Christian Camp Policies

### **Refund Policy:**

75% through 2 weeks prior to the day camp begins.  
50% through 1 week prior to the day camp begins.  
No refunds with less than 1 week notice.  
Summer camp refunds will typically be issued in August.

### **Transfer Policy:**

Transfers are free with a minimum of 1 week advanced notice before the earlier camp date.  
Transfers with less than 1 week of advance notice may incur the full camp fee.  
Transfers to a less expensive camp will incur the full fee of the camp, unless there is at least 1 week advanced notice.

### **Medical Policy:**

*Illness before camp:* Do NOT come to camp until fever has ended, diarrhea has ceased, and vomiting has stopped for AT LEAST 24 hours.

*Illness at camp:* The camp health-aide is there to oversee medications, deal with minor injuries, and in case of emergency. KSCC is not equipped to deal with extended illnesses. Therefore, fever over 100 degrees, vomiting, diarrhea, or any other significant illness may result in a camper being sent home immediately.

*Medications:* Any medications to be taken at camp must be turned in to the camp health-aide during registration. This includes prescription and over the counter medications, as well as vitamins. All medications must be in their original containers. All physician instructions must be clearly legible. The camp health-aide is only responsible to organize medications. If a camper needs assistance in administering medication, a responsible adult needs to be at the camp with the child. If there are any questions, contact the camp director.

### **Special Needs:**

Please notify the camp with information about any diagnosis you have received for your camper. KSCC makes every effort to accommodate campers with special needs. However, we are not set up to care for individual campers with extraordinary situations. As a general rule, any camper with special needs should have a same sex adult sponsor/helper who knows the child personally to supervise whatever medical, behavioral, or personal needs that child may have. Some circumstances that may require that supervisions include:

- an inability to manage critical medications
- behavioral issues that may endanger other campers
- physical/mental issues that prevent a child from being able to care for their own personal hygiene

In short, any situation where a parent would feel that a child needs extra supervision, or adults need extra instruction to care for the child, may require that helper at camp. Contact the camp dean or camp director for more information.

### **Head Lice:**

In order to protect all of our campers, KSCC reserves the right to examine all campers for head lice before they may enter the camp dorms. This exam may include, but is not necessarily limited to:

- visual inspection
- black light
- other means of detection

Detection of lice will preclude camp attendance, and no refunds will be given. Any infestation typically requires a minimum of two treatments, several days apart. If your child requires treatment, please ensure that all issues are resolved before returning the child to camp.

### **Cell Phones/PED's:**

Campers are not allowed to have Cell Phones or other Personal Electronic Devices of any kind at KSCC. These and any other valuables should be left at home.

### **Lost/Found or Stolen Items:**

KSCC is not responsible for any lost or stolen items while at camp. Campers are encouraged to leave valuables AT HOME! Found items will be kept at the camp for one week after the conclusion of a camp. KSCC is not responsible for mailing lost items.

### **Special Diets:**

Campers or sponsors with special dietary needs must make plans in advance with the camp director/kitchen staff. The camp is able to provide very limited variance from planned meals. If a camper chooses to bring food from home, it should be packaged in individual serving containers. A microwave is available for heating, but kitchen space is not available for food preparation due to KSDA regulations.