

Kids Camp Registration

REGISTRATION
BEGINS AT 1 PM

Camp Cedar Crest

POSTMARK DEADLINE
JUNE 22

COST: \$143.00

LATE FEE: \$ 20

STUDENT'S PERSONAL INFORMATION

Student's Name: _____

Address: _____

City: _____ Zip Code: _____

E-mail: _____

Parent/ Guardian: _____

Home Phone: _____

Emergency #: _____

Grade: _____ D.O.B: ___/___/___ Female Male

Church : _____

Pastor: _____

**NO REGISTRATION WILL BE ACCEPTED WITHOUT
THE FOLLOWING THREE SIGNATURES.**

Participants Declaration:

"I will abide by all of the camp rules both written and implied and conduct myself so as not to discredit my church or myself."

Participant's Signature: _____

Pastor's endorsement is required:

"I recommend this student to the district youth program as one who will cooperate with the program and who is part of our youth group. In the event disciplinary action is needed I will pick up the student and return him/her to a parent or guardian or have said adult pick up the student from the event site." My church has activity Insurance with: ICFG ___ OTHER ___

NAME & AMOUNT OF INSURANCE \$ _____

Pastor's Signature: _____

Parent/ Guardian statement is required:

"To my knowledge this student has not been exposed to any disease during the past 30 days. I consent to any treatment advisable in an emergency, rendered by the event first aid person, medical doctor or hospital, and I realize that my insurance policy is primary in the event a claim should be made for my child. I assume responsibility for the actions of my child and will pay for any damages done by him/her". *My signature confirms that I've read and understand and agree with the above mentioned information.*

Parent/Guardian Signature: _____

Church Code: _____

Church Deadline for Registration: _____

STUDENT'S MEDICAL HISTORY

Health Insurance Co.: _____

Policy # _____ Group # _____

Activity insurance is secondary to personal health insurance

Is student on prescription meds? Yes No

If so, please list what exactly and when it is to be taken: _____

Date of last tetanus shot: ___/___/___

Does student have any of the following conditions?

Diabetes Yes No Tuberculosis Yes No

Epilepsy Yes No Other: _____

Asthma Yes No

Allergies (severe reactions only):

Hay Fever Yes No Penicillin Yes No

Poison Ivy Yes No Insect Stings Yes No

Other Drugs: _____

Foods: _____

Restricted Activities: _____

IMPORTANT INFORMATION

1. Full payment, including any late fees, is due with registration. Please return this completed registration form to your church office. Churches must postmark registration by deadline to avoid a **\$20 late fee per student**. Make 1 additional copy of registration packet before mailing for your records.
2. **Students** make your check payable to your church!
Churches make one check payable for all registrations to
"Southwest District Kids Camps"
Ruth Niemeyer
P.O. Box 401400
Hesperia, CA 92340-1400
760-962-1207
TOTAL CAMP COST \$143.00
3. \$25 event Fee is Non-refundable, but transferable by
4. **GENDER ONLY.**