

KIDS CAMP 2016 CAMPER Pre-Registration PAID: \$ _____

FOR OFFICE USE ONLY
 Date Received _____
 Date Processed _____
 Comments _____

(Please print CLEARLY in black or dark blue ink. Entire page must be completed.)

CHURCH NAME Kingwood Church City Alabaster Email joelsims@kingwoodchurch.com
 Street /Mailing Address 100 Harvest Way ST AL ZIP 35007 Ph 205-663-3933

We, as their pastors, understand that it is our responsibility to verify that every child we bring to camp has health insurance coverage or a waiver signed by parents and witnessed by Senior Pastor stating the following: We understand that The Alabama District of the Assemblies of God and/or Springville Camp and Conference Center is not liable for loss, illness, injury, or accident to this applicant.

Children's Pastor/Leader Signature _____ Senior Pastor's Signature _____
 Children's Pastor/Leader's Phone #'s 205-663-3933 Senior Pastor's Phone #'s 205-663-3933

(Signatures of Children's Pastor/Leader AND Senior Pastor are required.)

CIRCLE	Mark	Camp 1 May 29-June 01	Russell	Camp 3 June 05-June 08	Tim	Camp 5 June 12-June 15
ONE:	Sasser	Camp 2 June 01-June 04	Smith	Camp 4 June 08-June 11	Jones	Camp 6 June 15-June 18

CAMPER INFORMATION (Please print clearly in black or dark blue ink.)

Last Name _____ First _____ Nickname _____ Phone _____

Mailing Address _____ City _____ ST. _____ Zip _____

Date of Birth (MANDATORY) _____ Age _____ Circle One: Male Female

As Parent/Guardian, I sign, giving my child permission to attend Kids Camp 2016 at Springville Camp during the date of camp circled above.

Parent/Guardian's Signature Required _____ Print Name _____

Parent/Guardian's Address during camp _____

Day Phones during camp _____ Cell Phones _____ Evening Phones _____

Other EMERGENCY NUMBERS _____ Email address _____

I will abide by all camp rules (Campers signature, print clearly) _____

Cell Phone _____ Work _____ Person to contact in case of emergency _____

HEALTH CERTIFICATE AND RELEASE (Please print clearly in black or dark blue ink.)

Does the camper have any of the following: Immunizations (give year): Tetanus Toxoid _____ Diphtheria _____ Whooping Cough _____ Polio _____ Measles _____

____ Heart Trouble ____ Lung Trouble Allergies (Camper must bring own EpiPen if needed) _____

____ Skin Trouble ____ Ear Trouble Medicines taken every day by camper _____

____ Sinus Trouble ____ Eye Infection Any medical problems or special needs we should know about? _____

____ Diabetes ____ Asthma _____

____ HIV/AIDS ____ Food Allergies May camper be given: Tylenol? __ Yes __ No Benadryl? __ Yes __ No Ibuprofen? __ Yes __ No Pepto Bismol? __ Yes __ No

What communicable diseases has this camper had? ____ Measles ____ Polio ____ Mumps ____ Chicken Pox ____ Scarlet Fever ____ Whooping Cough

Has camper been under medical treatment in the past three months? If so, why? _____

IMPORTANT: I (Parent/Guardian) hereby authorize and request any medical doctor, medical clinic or hospital emergency room physician to administer such treatment and perform any procedure in their judgment that may be necessary for my child. I also give my permission to the camp nurse to administer Tylenol to my child during camp, if needed. I fully understand that the CAMP INSURANCE IS SECONDARY COVERAGE, and covers accidents only with a limited benefit per incident, and that I will need to file on my insurance first. I accept full responsibility for any charges related to causes other than accidents, or charges beyond the maximum amount of the camp insurance. I hold harmless and release from all liability the Alabama District Council of the Assemblies of God, the Christian Education Department, Springville Camp & Conference Center, and any and all of their respective subsidiary or ancillary departments or ministries, employees or volunteers, for any loss, illness, injury, or accident my child may sustain related to these camps. (Note to parents/guardians/churches: If your child is uninsured, please visit www.adph.org or insurekidsnow.gov today for important health insurance information.)

I (Parent/Guardian) do hereby give permission for the camper referenced in this application to participate in all camp activities and for Alabama Christian Education Ministries Department to use photographs (individual or group) and/or multimedia images and recordings of my child as is in the best interest of the Alabama Assemblies of God.

Name of Insurance _____ Insurance Number _____

Parent/Guardian Signature _____ Camper _____ Date _____

Pre-Registration Fee: \$60 TOTAL Camp Fee: \$130 (each add'l child of family pays only \$120)
APPLICATION AND A \$60 NON-REFUNDABLE FEE (BY CHECK OR CASH) IS DUE SUNDAY, MAY 8TH.
 Make checks out to Kingwood Church. Remaining \$70 balance is due upon departure for camp on June 1st.

Camps are open to all persons, regardless of race, creed or color.