



SUMMER KAMP REGISTRATION

FORMS CANNOT BE DROPPED OFF ON FRIDAYS

PARENT/GUARDIAN ACCOUNT INFORMATION--DO NOT LEAVE ANYTHING BLANK

PRIMARY PARENT/GUARDIAN'S FIRST NAME	LAST NAME	OCCUPATION	
SECONDARY PARENT/GUARDIAN'S FIRST NAME	LAST NAME	OCCUPATION	
E-MAIL	CELL PHONE	WORK PHONE	
ADDRESS	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR PAYMENT OF KAMP TUITION	PHONE NUMBER		
EMERGENCY CONTACT PERSON OTHER THAN PARENT/GUARDIAN	PHONE NUMBER		

KAMPER INFORMATION (We accept registration for children who have completed kindergarten through completed fifth grade.)

KAMPER'S FIRST NAME _____ KAMPER'S LAST NAME _____

DATE OF BIRTH _____ GENDER: MALE FEMALE GRADE COMPLETED AS OF MAY 2026: K 1 2 3 4 5

SHIRT SIZE (circle one): YS YM YL YXL AS AM AL

CHECK THE WEEKS YOU WILL ATTEND IN THE CHART BELOW

A \$150 registration fee is due at the time you register and the weekly tuition for registered weeks is due each Monday. No tuition is due on weeks marked "Not Attending".

*****Changes for weeks registered or cancellations must be by Monday, May 11th.***
After May 11th, you are financially responsible for all weeks selected below whether the kamper attends or not.**

	DATES	CHECK THE WEEKS YOU WILL ATTEND	
WEEK 1	JUNE 1 - 5	I will be attending <input type="checkbox"/>	I will not be attending <input type="checkbox"/>
WEEK 2	JUNE 8 - 12	I will be attending <input type="checkbox"/>	I will not be attending <input type="checkbox"/>
WEEK 3	JUNE 15 - 19	I will be attending <input type="checkbox"/>	I will not be attending <input type="checkbox"/>
WEEK 4	JUNE 22 - 26	I will be attending <input type="checkbox"/>	I will not be attending <input type="checkbox"/>
WEEK 5	JUNE 29—JULY 2 (Closed July 3rd)	I will be attending <input type="checkbox"/>	I will not be attending <input type="checkbox"/>
WEEK 6	JULY 6 - 10	I will be attending <input type="checkbox"/>	I will not be attending <input type="checkbox"/>
WEEK 7	JULY 13 - 17	I will be attending <input type="checkbox"/>	I will not be attending <input type="checkbox"/>
WEEK 8	JULY 20 - 24	I will be attending <input type="checkbox"/>	I will not be attending <input type="checkbox"/>

I verify by my signature below that I understand I am financially responsible for all dates registered above unless cancelled by **May 11, 2026**.

I verify by my signature below that I understand the one-time, non-refundable registration fee per camper of \$150 is due at the time of registration, and weekly tuition of \$150 per camper is due on the **Monday** of each week my child is registered.

I verify by my signature below, **when registering a kindergartener**, that the child whose name is listed above has completed kindergarten as of May 2026. I understand that if Kamp Kidville learns this child has NOT completed kindergarten, the child will be removed from camp.

PRINTED NAME _____ SIGNATURE _____ DATE _____

KAMPER HEALTH HISTORY & MEDICAL CONSENT FORM

KAMPER INFORMATION (PLEASE PRINT NEATLY)

Kamper's Full Name: _____
(first) (middle) (last)

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: MALE FEMALE Height: _____ Weight: _____

ALLERGIES/DIETARY RESTRICTIONS

No known allergies Known allergies: _____

Reaction: _____ Action to be taken: _____

Does the kamper have a prescribed EpiPen? YES / NO

Does the kamper have a prescribed inhaler? YES / NO

If **EpiPen** or **inhaler** must be brought to Kamp Kidville, the prescribed medication(s) must be in the original pharmacy container(s) with label(s) including kamper's name, valid date, instructions and doctor's name. The medications **MUST** be given to the Kamp Director to be kept in a secure location. We only dispense medications required by a doctor to be given during the kamp day. Please list below the EpiPen and/or Rescue Inhaler you will be sending to kamp and the condition(s) for which they will be used.

Drug _____ Dosage _____ Condition _____

Drug _____ Dosage _____ Condition _____

MEDICATIONS

In the event of a medical emergency, we MUST to be able to tell the health care providers what medications your child takes.

At home, my child takes the following prescription/over-the-counter medication(s) daily: _____

For the treatment of: _____

I understand that, in the event my child requires medical or dental treatment while engaged in the activities either on or off campus at First Baptist Muskogee, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor, acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any medical treatment deemed medically necessary, including but "not" limited to: x-ray examination; injection; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and given by a licensed physician, surgeon, dentist, or registered nurse, either as an outpatient or in a hospital. I further agree to indemnify and hold harmless any medical professional or church leader from loss, claim, or liability who provides authorization, medical, or first aid treatment to my child as deemed appropriate. I also give permission to the treatment facility to surrender physical custody of my child to the sponsoring agent's representative after treatment has been provided as well as communicate all medical information to the sponsoring agent's representative. To the best of my knowledge, I have disclosed, and listed above, all medical allergies, medications being taken, medical problems/conditions and pertinent information for the child indicated on this medical consent form.

Signature of Parent/Guardian _____ Date _____

State of Oklahoma
County of Muskogee

Sworn to and subscribed before me on this _____ day of _____ year _____

Notary Public _____

My Commission expires _____

CONTRACT AND CONSENT FORM

Please **CAREFULLY** read, initial each box, then sign and date at the bottom of the page:

REGISTRATION/APPLICATION

The registration/application and payment of registration fee constitutes acknowledgment and acceptance of all the terms of this agreement by Parents and Kamper. The term "Parent" is defined as any guardian of the enrolled Kamper. Kamp Kidville Summer Day Kamp (simply referred to as Kamp in the document) reserves the right to accept or reject applicants. If Parents have more than one child enrolled in Kamp, the term "Kamper" as used herein shall encompass and refer to all children of Parents enrolled in Kamp Kidville Summer Day Kamp. **Parents hereby acknowledge receipt of the Kamp Kidville Summer Day Kamp Parent Handbook, either in print or digital form, and agree with its contents.** Parents hereby state that Kamper is of sufficient maturity to properly care for his/her hygiene and is capable of participating in the Kamp's program by following Kamp rules, accepting instruction from leadership, and maintaining a positive attitude toward peers and adults. Completing this application implies that Parents and Kamper understand the Kamp has the right to dismiss any Kamper whose behavior, attitude or action is, in our judgment, contrary to the best interests of our Kamp community. This includes but is not limited to: pranks causing bodily harm, embarrassment of others, destruction of property, excessive fighting or other aggressive behavior, harassment, bullying, sexual behavior, theft, excessive disobedience, or for other conduct that is ruining another Kamper's experience or is harmful to the Kamp. It is understood that Kamp Kidville Summer Day Kamp has the right to dismiss any Kamper whose Parent shows unreasonable, irrational, or unsuitable behavior that is in our judgment contrary to the best interests of our Kamp community. It is understood and agreed, by Kamper and Parent, that possession or use of tobacco, alcohol, or controlled substances while enrolled in Kamp will bring immediate dismissal. Possession of a dangerous weapon will also bring immediate dismissal. Kamp will, if necessary, search for and confiscate any items that violate Kamp policy or are used in inappropriate ways.

BREATHE, CALL, LEAVE BEHAVIOR PLAN

I, the Parent, have read and agreed to the Breathe, Call, Leave Behavior Plan.

PAYMENT CONTRACT

Parents understand that a \$150 non-refundable registration fee per Kamper is due upon registration. Parents understand that all changes/cancellations of weeks/days they have marked on their Kamper's registration form must be made by Friday, May 4, 2026. Parents further understand that after May 4, 2026, they are financially responsible for payment of all weeks/days that were marked as attending on their Kamper's registration form.

ACTIVITIES--CONSENT AND RELEASE

Parents and Kamper acknowledge that a wide variety of activities are conducted at Kamp Kidville Summer Day Kamp, and Parents hereby give permission for Kamper to participate in these activities, assuming all ordinary risks normally inherent to the nature of the activities. Such activities include, but are not limited to, the following: bowling, skating, swimming, dodgeball, basketball, inflatables, group sports and games, cooking classes, Bible study, arts and crafts, gym activities, a variety of special events and scheduled field trips. Kamper agrees to abide by all Kamp rules regarding all activities, including but not limited to, rules relating to personal behavior and safety. Parents hereby state that Kamper is in good health and in proper physical condition to participate in Kamp. Kamper and Parents assume all of the ordinary risks normally inherent to the nature of Kamp activities and events to be conducted and agrees that neither Kamp Kidville Summer Day Kamp, First Baptist Church Muskogee, nor any of their directors, officers, employees, agents or other persons conducting such activities shall be responsible for any damages or injuries resulting to Kamper in the absence of gross negligence.

TRANSPORTATION CONSENT

By enrolling Kamper in Kamp Kidville Summer Day Kamp, Parents hereby authorize the transportation of Kamper to and from all field trips, activities, and locations that Kamp deems reasonable each week.

PHOTOGRAPHIC CONSENT

By enrolling Kamper in Kamp, Parents hereby give their permission for Kamp to photograph Kamper in a reasonable and professional manner for promotional and advertising purposes (i.e. kamp videos, scrapbooks, brochures, picture day, social media, Facebook, YouTube, etc.).

MEDICAL FEES

By enrolling Kamper in Kamp Kidville Summer Day Kamp, Parents hereby agree to be fully and solely responsible for all fees and costs arising from any medical conditions or treatments for Kamper's participation in Kamp, including, but not limited to, the administration of emergency medical care.

PERSONAL PROPERTY

Kamp assumes no liability for loss or damage to Kamper's personal property or for injury incurred as a result of use of personal property. Kamp assumes no responsibility for money or valuables brought to Kamp by Kampers. Kampers will be held responsible for damage to property and equipment of Kamp Kidville Summer Day Kamp caused by Kamper's negligence or willful harm and will be charged accordingly for repairs or replacements.

Parents have read and understood this *Contract and Consent* and agree to the terms herein. Parents have explained Kamp rules and expectations to their Kamper. Parents hereby acknowledge that they are the custodial Parent or Guardian of Kamper and are authorized to consent to the terms of this Contract on behalf of their child Kamper.

KAMPER(S) NAME(S) (PLEASE PRINT)

PARENT'S NAME (PLEASE PRINT)

DATE

PARENT'S SIGNATURE