SoCal Kids Network, Assemblies of God

Kids Camp Application

Please print clearly

Check one: ☐ Camper ☐ Leader ☐ Staff

Camper Name:

Church City/Name:

Pastor:

REGISTRATION INSTRUCTIONS:

Complete this form COMPLETELY. Print clearly. Only a Parent or Legal Guardian can sign this form.

All Attending **Campers, Student Leaders, Cabin Leaders & Staff Members** must complete this form.

Camp Attending: _____ *Pinecrest 1 (June 22-24)* _____ *Pinecrest 2 (June 24-26)* _____ *Pinecrest 3 (June 26-28)*

Registrant Information:

Name: _____ *Birth Date* _____/_____/_____ *Age:* _____ *Gender:* ☐ *M* ☐ *F*

Last *First*

Address: _____ *City / Zip:* _____

Parent/Guardian: _____ *Home Ph: ( ) _____ Cell: ( ) _____ Email:* _____

Medical Information:

Insurance Carrier: _____ *Policy #* _____

Physician Name: _____ *Physician Ph.#: ( ) _____*

Does camper have diabetes? ☐ *Yes* ☐ *No* *When do they take medication?* _____

Has camper had a tetanus shot? ☐ *Yes* ☐ *No* *Date of shot?* _____

Does camper have any allergies? ☐ *Yes* ☐ *No* *List Allergies.* _____

Check ALL applicable conditions:

☐ Bee Sting or Insect Bite Reactions
☐ Food allergies
☐ Hay Fever / Sinus Problems
☐ Asthma - Sending Rx
☐ Back or Neck Problems
☐ Bed-wetting (currently)
☐ Bowel Problems
☐ Epilepsy or seizure disorder0
☐ Fainting
☐ Headache
☐ Heart Condition
☐ Nose Bleeds
☐ ADD / ADHD – Sending Rx (history of)

Recent Injury / Surgery

Date of Injury: _____

Type of Injury: _____

Activity Restrictions: _____

Vegetarian / Vegan

Sleep Walking

Diabetic Type 1 Type 2

Special ED EIP

Psychiatric / Emotional Illness _____

Child requires medical aid / supervision at all times

Health History *(check yes or no. If Yes is checked please explain under "medical conditions we need to be aware of")*

Sinus Condition	☐ YES	☐ NO	Shortness of Breath	☐ YES	☐ NO
Ear Problem	☐ YES	☐ NO	Skin Infection	☐ YES	☐ NO
Lung Problem	☐ YES	☐ NO	Hearing Difficulty	☐ YES	☐ NO
Heart Trouble	☐ YES	☐ NO	Bad Eyesight	☐ YES	☐ NO
High Blood Pressure	☐ YES	☐ NO	Wear Eye Glasses	☐ YES	☐ NO
Allergy-Asthma	☐ YES	☐ NO	Wear Contact Lenses	☐ YES	☐ NO
Fainting or Dizzy Spells	☐ YES	☐ NO	Any Medical Care within Past Year?	☐ YES	☐ NO
Diabetes	☐ YES	☐ NO	Any Surgeries within Past Year?	☐ YES	☐ NO
Appendix Removed	☐ YES	☐ NO	Special Diet Required?	☐ YES	☐ NO
Dental Appliances	☐ YES	☐ NO	Sleep Walker?	☐ YES	☐ NO
Any disorder preventing strenuous activity?	☐ YES	☐ NO	Get nervous or upset easily? Homesick?	☐ YES	☐ NO
Any disorder preventing strenuous activity?	☐ YES	☐ NO	Taking prescription medicine?	☐ YES	☐ NO
Exposed to infections: Disease past 3 weeks Hepatitis past 6 months	☐ YES ☐ YES	☐ NO ☐ NO	Any reaction to drugs or medicine of any type?	☐ YES	☐ NO

Non-Prescription Medication Available at Pinecrest

The medications listed below are kept in stock; do not feel obligated to send these items. Please check each box below to indicate your permission for the listed medication to be administered by your groups nurse or an authorized staff member. We won't administer any medication without your authorization.

Yes	No		Yes	No		*Yes*	*No*	
		Benadryl (itch, insect bite, sinus)			Pepto Bismol (diarrhea)			Tylenol(head/muscle aches/cramps)
		Caladryl Lotion (poison oak)			Hydrocortisone Cream (itch/rash)			Cough Drops (cough)
		Mylanta/Tums (upset stomach)			Polysporin Topical (minor cuts/burns)			Milk of Magnesia (constipation)
		Robitussin (cough)			Betadine (disinfectant)			Ibuprofin (pain reliever, fever reducer)
		Claritin (allergies)			Non-Pseudo (sinus)			

Please list below all medications your camper will be bringing to camp:

Medication 1_____ *Frequency and Dosage*_____

*Purpose*_____

*Doctor's Name*_____ *Phone Number (_____)_____-_____*

Medication 2_____ *Frequency and Dosage*_____

*Purpose*_____

*Doctor's Name*_____ *Phone Number (_____)_____-_____*

(Write additional medications on the back)

Are there any medical conditions camp personnel would need to be aware of? _____

_____

Are there any special needs or restrictions on activities for the camper? _____

_____

Please initial all boxes

_____**Authorization for Medical treatment - *(INITIALS REQUIRED OR CAMPER CANNOT BE TREATED)***

The undersigned do hereby authorize Managers of Camp and/or Church/group listed as agents for the undersigned, to consent to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care for myself or listed family member, which is deemed advisable by the rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medicine Practice Act or any dentist licensed under the dental Practice act, at a hospital or elsewhere. The above mentioned agent is authorized to make decisions concerning the health and general welfare of myself or listed family member. I give permission to the medical personnel selected by SoCal Network to provide routine health care, to administer medications; to release may records necessary for insurance purposes: and to provide or arrange necessary transportation for myself or listed family member for the duration of the stay at camp.

Medication Notification*: All medications (prescription and over-the-counter) will be in the possession of the camp nurse at all times and will be administered by the camp nurse only. Failure to provide medications in original containers with the camper's name and correct prescription information on the bottle will be just cause for the camp nurse to refuse to administer the medications during the camp session. Medications that are past expiration date will not be administered. I have read and do understand the requirements for sending my camper with his/her required medications as prescribed.*

_____**Physical Activity Release**

Pinecrest activities include, but are not limited to, ***hiking, swimming, basketball, volleyball, soccer, archery skateboard park, rock climbing wall, trampoline bungee, jumper, softball batting cage, golf driving cage, zorb water hamster ball and zipline.*** *There are risks of physical injury or harm from participating in any of the activities listed above. I voluntarily elect myself or family member listed to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Pinecrest, its officers, employees, and agents and/or Church/group listed from all liability for any injury or harm to me or my family member listed from participating in said activities. I have read and understood this release. Please list any activities that are highlighted and italicized above that you do not want to have camper participate in* _____

Camp insurance: *Begins where the individual's and/ or church's health and accident insurance policy(s) terminate. It is only valid when other insurance(s) has been extended to the limits. In case of no personal or church insurance policy, the camp's policy will provide complete coverage within its limits for accidents only.*

Consent:

I hereby give permission for my child to attend camp as indicated. *By signing below, you and/or the parent or legal guardian of campers under the age of 18 agree to the camp guidelines / policies.* **IN CASE OF EMERGENCY***: I hereby give permission to the Camp Director or Representative to select transportation to the camp's chosen physician who may hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child or for me (if over age 18) as named above on this Registration Medical Consent form. I give full persmission to SoCal Network to reproduce any photographs or captured video of the person named above for the express purposes of camp promotional materials and/or the website for the SoCal Network, Assemblies of God.*

_____ _____ _____

Signature *Adult / Parent or Legal Guardian* *Relationship to Camper* *Date*