

Camp Kahoka Camp Application & Health Information

First Name: _____ Last Name: _____

Gender: Male Female Grade going into in Fall 2008 _____ First-time summer camper? _____ Birthday: ____/____/____

Family Information:

	Parent or Guardian 1	Parent or Guardian 2
Parent/Guardian		
Employer/Job Title		
Work Phone	() () ()	() () ()
Home Phone	() () ()	() () ()
Cell Phone	() () ()	() () ()
Email		

Home Address: _____ CITY/ST/ZIP: _____

Emergency Contact Person (if you are not available): _____ Phone: () _____

CAMPER PROFILE – please fill out the information below to help our counselors.

Has the camper been affected by a death, divorce or traumatic experience recently (or is still dealing with one of these situations)? If so, please explain: _____

What three words describe your camper's personality? _____

Is your child a Christian? If so, what role does Christ play in his/her life, if any? _____

Are there any special concerns or needs that you have as a parent regarding your camper while he/she is at camp? _____

What do you desire your camper to gain from camp? _____

What does your camper want to gain from camp? _____

INSURANCE INFORMATION: Primary Policy Holder Name:

Policy Holder ID: _____ Policy Holder Date of Birth: ____/____/____

Camper ID: _____ Camper Date of Birth: ____/____/____

PLEASE ATTACH A COPY OF THE FRONT & BACK OF YOUR INSURANCE CARD.

Please note here if you do not have insurance: _____

HEALTH HISTORY

(Check, if applies. Give approximate dates.)

- _____ Frequent Ear Infections
- _____ Heart Defect/Disease
- _____ Convulsions/Epilepsy
- _____ Diabetes
- _____ Bleeding/Clotting Disorders
- _____ Hypertension
- _____ A.D.D./A.D.H.D
- _____ Mononucleosis
- _____ Bedwetting
- _____ Sleepwalking

DISEASES

(Check, if applies. Give approximate dates.)

- _____ Chicken Pox
- _____ Measles
- _____ German Measles
- _____ Mumps

ALLERGIES (Dates not needed)

- _____ Hay Fever
- _____ Ivy Poisoning, etc. (see below)
- _____ Insect Stings (see below)
- _____ Asthma
- _____ Penicillin
- _____ Other Drugs

List:

Is allergy severe enough to keep your child from participating from activities in the woods? Yes ___ No ___

Please notify Camp Kahoka in writing if any of the information on this form changes before camp.

Family physician _____ Phone _____ Dentist/orthodontist _____ Phone _____

Operations or serious injuries (dates): _____

Describe any psychological conditions: _____

Disability or chronic recurring illness _____

Activities limited by a physician _____

Dietary restrictions (Camp Kahoka will not provide special meals, but we will inform our staff of a camper's restrictions and help them choose allowed foods from our regular menu.) _____

Applicant is under the care of a physician for the following reasons: _____

List any medication to be administered at camp and diagnosis or reason for taking (specific times & doses, use back of application for additional space) _____

*****NO MEDICATION WILL BE GIVEN WITHOUT SPECIFIC ADMINISTRATION INSTRUCTIONS*****

PLEASE READ AND SIGN: I hereby attest that I have read and reviewed this form and have completed it accurately and will report any information that may change. I therefore agree that my child/ward may participate in all camp activities including travel off of the property. Also, I give permission for Camp Kahoka to use images and recordings of my child/ward without further compensation. I realize that in the event of an illness or injury while at camp or while participating in it's activities, medical treatment may be required. I give permission for the medical personnel selected by the camp director to order any medical procedures, including x-rays, routine tests, treatment, hospitalization and transportation. Furthermore, I agree to bear the cost of all such treatment. I also agree to hold harmless Camp Kahoka, it's staff, and volunteers from any and all liabilities, claims, demands and causes of action whatsoever which may arise due to the participation of myself or my child/ward in said activities.

SIGNATURE OF PARENT: _____ **DATE:** _____

CAMP KAHOKA CODE OF CONDUCT AGREEMENT

Name _____

As a condition of participation in the camp program, we agree to:

Not possess or use cellular phones during camp. All cell phones that are brought to camp must be checked in with the deans to be kept in the camp office.

Maintain responsibility for personal and camp property and assume financial responsibility for any damages resulting from my behavior.

Be responsible for attending all scheduled activities which includes remaining on the premises of campgrounds.

Be considerate of others attending camp. Using abusive language, sexual misconduct, assault or threat of personal harm will not be tolerated.

Not possess or use alcohol and other illegal substances, weapons, and fireworks.

Observe curfew guidelines in sleeping rooms and camp areas as indicated by the program. Curfew means in own cabin and not disturbing others. Males and females may not be in the same sleeping room at any time.

Only use vehicle during the camp with adult permission.

CONSEQUENCES

Any youth accused of a violation may be required to appear before a review board, or be sent home after notification of parents.

Camper Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

If water sports are a part of a Camp Kahoka activity, my child may participate in:

Swimming: Yes No

Diving: Yes No

I hereby attest that I have reviewed this form and have completed it accurately and will report any information that might change. I therefore agree that my child/ward may participate in all camp activities including traveling off of the property. I give permission for Camp Kahoka to use images and recordings of my child without further compensation.

Signature of Parent

Date