

**INDIANA CENTRAL DISTRICT OF THE WESLEYAN CHURCH**  
**2012 KIDS' CAMP**  
**Registration, Medical Release, Permission Form**

**CHILD INFORMATION**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
Grade in School-Fall 2012 \_\_\_\_\_  Male  Female Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Phone: Cell \_\_\_\_\_ Alternate Ph: \_\_\_\_\_  
Father's Name \_\_\_\_\_ Phone: Cell \_\_\_\_\_ Alternate Ph: \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Physician \_\_\_\_\_ Office Phone \_\_\_\_\_  
Wesleyan Church you registered with \_\_\_\_\_  
City/Town Church is in \_\_\_\_\_  
Names of siblings at camp \_\_\_\_\_  
T-Shirt Size:  Youth Small  Youth Medium  Youth Large  
 Adult Small  Adult Medium  Adult Large  Adult Extra Large

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**MEDICAL INFORMATION**

Check the following areas of concern for this child. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your child a good swimmer:  
 Yes  No
2. List Allergies & Severe Reactions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 asthma  epilepsy/seizure disorder  heart trouble  diabetes  frequent upset stomach  
 physical handicap  frequent headaches  other: \_\_\_\_\_
4. Date of last tetanus shot: \_\_\_\_\_
5. Should this child's activities be restricted for any reason? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. List all medications and dosage amounts for your child this week at camp (include dosages of Tylenol, Ibuprofen, Cough Drops, Eye Drops, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RULES OF CONDUCT - CONSENT INFORMATION**

**For your information, we expect each child to conform to these rules of conduct:**

- No possession or use of alcohol, drugs or tobacco
- No fighting or weapons
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- One-piece swimsuit or swim shirt for two-piece suits
- Participation with the group is expected
- Respect property - \$15 charge for room damage
- Respect one another, staff and adult leaders

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

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We will have many activities on the campground and will be traveling off the campground for additional activities (swimming, park activities, etc.).

My child (as named above) has my permission to attend and participate in all activities on and off the campground with my permission to travel on the bus/vans provided by the camp leadership/churches to the offsite activities.

Yes    No

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Camp, the Indiana Central District of The Wesleyan Church and The Wesleyan Church Corporation (employees, volunteer workers, pastors, agents) of any liability against personal losses of above-named child.

I/We, the undersigned, have legal custody of the child named above, a minor, and have given my/our consent for him/her to attend events being organized by ICD Kids' Camp. I/We understand there are inherent risks involved in any ministry or athletic event and I/we hereby release the Camp, the Indiana Central District of The Wesleyan Church and The Wesleyan Church Corporation (employees, volunteer workers, pastors, agents) from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Camp, I/we agree to hold such persons free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/We also acknowledge we will be ultimately responsible for the cost of any medical care should the cost of medical care not be reimbursed by the health insurance provider. Further, I/we affirm the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the child named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a camp staff member.

Yes    No

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_