

11-13 Year Old Week

DIRECTOR:

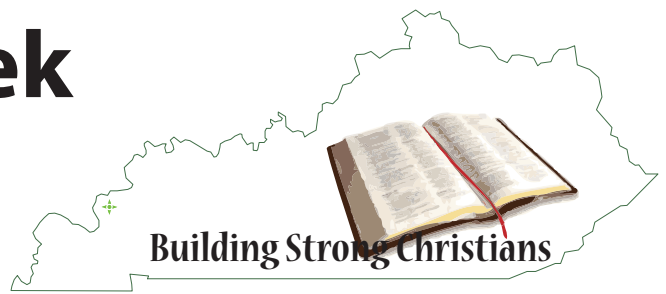
Michael McDavid

2543 Grayson Springs Road

Leitchfield, KY 42754

Phone: 270-242-3606

(Please complete all blanks of this form and return it to the camp director listed.)



Building Strong Christians
Western Kentucky Youth Camp

Camper Information:

Name: _____
Last First Middle

Address: _____ Email: _____ Age: _____ DOB: _____
(At Camp Time)

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Alternate: _____

Boy/Girl: _____ Church Attending: _____ Church Member: _____

Camper & Parent Guideline Acceptance:

1. Misconduct, such as swearing, fighting, disrespect for others and the use of drugs, alcohol or tobacco will not be tolerated. Such behavior may result in notification of parents and the dismissal of the camper.
2. Physical displays of affection between girls & boys are inappropriate and may result in dismissal of the camper.
3. Fireworks or any kind of fire lighting device, weapons or knives are not allowed.
4. Radios/Tapes/CD/DVD/MP3/Televisions/Computers/Video Games, Cell Phones and Pagers or other electronic devices are not allowed.
5. Clothing should be modest. Short shorts, see-through tops and garments that are skin tight or expose the torso are not to be worn.
6. No writing on or defacing of camp property.
7. All medications must be turned in at REGISTRATION. (State Law)
8. Cabin areas are off-limits to the opposite sex.
9. Campers are expected to attend all activities.
10. Campers are not permitted to drive any vehicle on the campgrounds. Personal vehicles will be parked, locked & Keys turned in to the director.
11. Campers may not leave campground without the director's permission.
12. Pool use is by permission only & with proper supervision.
13. All accidents are to be reported to the camp nurse or the director.
14. To minimize health hazards, wearing shoes is required (**Mandatory for Sports**).

Western Kentucky Youth Camp does **NOT** carry any medical (health) insurance on campers. It is necessary for PARENTS to assume responsibility for the applicant. Below is a legal agreement for these purposes, which you must read, sign, and return with the application.

Legal Agreement:

In consideration of the acceptance of the herein-named applicant, we the undersigned parent or guardian, as the case may be, covenant and agree with Western Kentucky Youth Camp, that we will at all times hereafter indemnify, keep indemnified, and save harmless the demands, cost, damages, and expenses, which may be brought against or claimed from Western Kentucky Youth Camp, or which it may pay, sustain, or incur as a result or illness, accident, or misadventure to the herein named applicant, during the period that said applicant is a participant in the Western Kentucky Youth Camp.

In the event that the said applicant becomes seriously ill or is taken injured while a camper at Western Kentucky Youth Camp the director has our (my) permission to take said applicant to any hospital, emergency room, or physicians office, and I further authorize any qualified physician to administer required emergency treatment or surgery. With my permission given to any hospital or doctor to treat said applicant with whoever treatment necessary, I also agree to assume responsibility for any expenses involved in these emergency procedures.

Date: _____ Relationship: _____ Signature (s): _____

Camper:

"I agree to abide by the rules and policies of the management of the camp while I attend."

Parent:

"I have read and understand the rules and regulations and agree that my child will abide thereby."

Special Roomate Request:

(1 roommate please) No Guarantees

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Camper Health Information:

Name: _____
Last First Middle

Give needed information below or attached. Mark items that we should be aware of while your child is at camp.

- | | | |
|-----------------------|---------------|--|
| Asthma | Bed Wetting | Heart Problems (specify) _____ |
| Diabetes | Sleep Walking | Behavior Concerns (specify) _____ |
| Fainting | Sore Throats | Convulsions Night Terrors Stomach Upsets |
| Ear Aches | ADD/ADHD | Special Car or Diet (specify) _____ |
| Other (specify) _____ | | |

Date of Last Tetanus Shot: _____

Allergies: _____ Type of Reaction: _____

HEALTH INSURANCE COVERAGE ON THIS CHILD IS PROVIDED BY:

(Company Name)

(Comments)

All Medications must be turned into the camp nurse at Registration (State Law). The nurse will dispense all medications. All medications must be marked with medication name, dosage, frequency, camper name and be in current original container.

- | | | |
|-------------------------------------|-----------------------|-----------------------|
| 1. Current medication in use: _____ | Dose/Frequency: _____ | Reason for Use: _____ |
| 2. Current medication in use: _____ | Dose/Frequency: _____ | Reason for Use: _____ |

Medical and Liability Authorizations:

This health history and medication information is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities, except as noted on back or attached.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, and order injections, anesthesia or surgery for my child as named herein.

I agree the camp is released from any liability in connection with the above named camper.

Media Usage:

Western Kentucky Youth camp routinely advertises and promotes the camp via brochures, posters and the camp website. Additionally, a souvenir CD or scrapbook of pictures taken during camp may be created and may include names and addresses of the attendees.

(I) (We) (Parents) (Legal Guardians) hereby acknowledge the Photographing, videotaping (and other relevant media sources) of my child. Furthermore, I acknowledge the reproduction of those images to be used in the camp CD, scrapbook, advertisement, and promotion of Western Kentucky Youth Camp. Finally, I understand that my child's name and address may be included in the camp scrapbook for distribution to session campers and staff. (Camper names and/or addresses will not be used in promotional materials without express parental permission)

I Do NOT give my permission for child's Photograph/image to be used in the above manner

I Do Not give my permission for my child's name/address to be used in the above manner.

Date: _____ Relationship: _____ Signature (s): _____

Camper Fee Included: _____ Donation to WKYC: _____

**(BALANCE TO BE PAID AT CHECK-IN
 \$25 DEPOSIT IS NON-REFUNDABLE)**