



# 2010 Smyrna Kids' Camp

## Registration Form

Kids' Camp is a Weekend Christian Camp for students entering grades 3-6 for the 2010/2011 school year.

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Camp date & time: **August 27 @ 6:00 P.M. to August 29 @ 12:00 noon**

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Please return completed form and \$40.00 per child (maximum \$80.00 per family) to:

**Kids' Camp**  
 2920 Highway 212 S.W.  
 Conyers, GA 30094

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Please return the form as soon as possible to allow proper planning.

Camper's Name: \_\_\_\_\_ Male  Female

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Parents' E-mail Address (optional) \_\_\_\_\_

School Grade 2010-2011 school year     3     4     5     6

Shirt Size (child's)    small     medium     large     xlarge     other \_\_\_\_\_

Does the camper swim     yes     no

Should camper be restricted to shallow water?     yes     no

Has camper previously been away from home for a two-day period?     yes     no

Friend you want to room with (optional & we will try to accommodate) \_\_\_\_\_

Activity limitations: \_\_\_\_\_

Medications to be administered by Camp Staff: \_\_\_\_\_

Please give medicine to Cabin Leader or Camp Director in a ziplock bag; in original packaging. Label clearly with camper's name and dosage instructions.

Parents are invited to attend all worship and are **strongly** encouraged to attend Sunday Morning worship

**\*Don't stop here, you must fill out the information on the other side\***

(side one of two)

# Medical Release and Consent



All information is required for Camp Attendance

I, the undersigned legal parent/ guardian of \_\_\_\_\_

hereby grant permission for my child to attend Kids' Camp 2010 at Smyrna Presbyterian Campground and Church. I acknowledge that, regardless of supervision provided by camp staff, the possibility of injury is present. I agree to hold harmless the Smyrna Presbyterian Campground and Church and its staff if my child should incur an injury while participating in Kids' Camp activities.

In the event of injury to or the illness of my child, if I cannot be reached, I give permission to the camp staff to administer first aid and/or to seek whatever medical treatment they deem necessary. In the latter instance, I understand that all medical expenses will be my responsibility.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Check here if you **do not** want your child's picture used to help promote Kids' Camp Ministry

## Emergency Contact (other than parent/guardian) :

Do you authorize this person to pick up your child if required?  yes  no

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

List anyone else you wish to be authorized to pick up your child  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone#: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Diet Restrictions: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number \_\_\_\_\_