

HeartsWay Hospice Kid's Camp Registration

Today's Date: _____

Camper's full name: _____

Prefers to be called: _____

Date of Birth: _____ Age: _____ Gender: _____

T-shirt Size: Child: SMALL __ MEDIUM __ LARGE __

Adult: SMALL __ MEDIUM __ LRG __ XL __

Camper's Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

School District: _____ Grade in School: _____

Parent/Guardian's Name: _____

If Guardian, Relationship to camper is: _____

If different address than above: _____

Parent/Guardian Contact information:

Primary Contact #: _____

Secondary Contact #: _____

Email of Parent/Guardian: _____

Will your child be dropped off at:

New Beginnings Baptist Church: _____

HeartsWay Marshall: _____

HeartsWay Carthage: _____

Trinity Baptist Church: _____

HeartsWay Hospice Kid's Camp Registration

Bereavement History:

Camper's Special person who passed:

Full Name & Relationship to Camper:

Date of person's passing: _____

Did the child attend the funeral or memorial service? _____

If so, please describe their reaction/experience:

What current emotions are you seeing in the child?

Please list any other concerns we should be advised of:

Camper Health History:

Please describe any health conditions/problems/allergies that your child may have:

Does your child take any physician-prescribed medication on a regular basis? _____ **If so, please explain:**

In case of an emergency and parent/guardian cannot be reached, contact:

Name: _____

Relationship to Camper: _____

Daytime Phone: _____

Evening Phone: _____

HeartsWay Hospice Kid's Camp Registration

Authorization for Emergency Medical Treatment:

Should a medical emergency arise during my child's participation in Kid's Camp Activity, I consent to:

1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility most fitting the type of illness or injury, and
2. The immediate administration of life-sustaining measures deemed necessary under the circumstances.
3. In the event of a minor injury, I authorize the camp nurse to administer standard first aid and/or over-the-counter pain reliever, if necessary. _____ Parent/Guardian Initials

Camper Release of Liability:

I, as parent/guardian and on behalf of _____ (my child) release and discharge HeartsWay Hospice and the New Beginnings Baptist Church, their agents, employees, directors, volunteers, and officers from any legal responsibility and/or liability for any personal injuries or illnesses, sustained by my child, either physical or emotional, or injury to property, real or personal, whether an injury is due to negligence or any other cause, which may occur while my child attends Kid's Camp, or which may arise in the future and/or may be related to my child's attendance at Kid's Camp.

Cell Phones:

Please have your child leave their cell phone at home during Camp. If a cell phone must be brought to camp, cell phones will be checked in at the beginning of camp each day and returned to the camper upon leaving camp each day. If you have any questions or concerns about this process, please don't hesitate to ask.

Photo Consent:

HeartsWay Hospice would like to use photos of our campers and volunteers for future publicity of Kid's Camp.

___ YES, I consent for HeartsWay Hospice to use and release photos taken.

___ No, I would prefer my photo(s) of my child not to be used. _____ Parent/Guardian Initials

I have read this authorization, Release, and Consent and agree to all its terms.

Parent/Guardian Signature: _____ Date: _____

HeartsWay Hospice Kid's Camp Registration

Waiver and Permission to Transport Child/Charge HeartsWay Hospice Kids Camp

Date: _____

Camper's full name: _____

Event: _____ Location: _____

Drivers[s]: _____

I give permission for my child to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the day/dates indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers.

I have read, understand, and discussed with my child that:

- 1) They will be traveling in a motor vehicle driven by an adult and are to wear their safety belt while traveling.
- 2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip.
- 3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions, or acts by riders, other drivers, or objects; and
- 4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that my child may risk personal injury or permanent loss by participating in this activity, as with any activity involving motor vehicle transportation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacities, regardless of whether I have authorized such expenses.

As a condition for the transportation received, for me, my child, my executors, and my assigns further agree to release and forever discharge HeartsWay Hospice Kid's Camp, HeartsWay Hospice, its Board of Directors, and their agents, officers, employees, and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian [please print]: _____

Parent/Guardian Signature: _____