



# KROC ATLANTA

## Summer Camp 2018 Registration

### CAMPER INFORMATION

*Please fill out one registration form per child.*

NAME (FIRST, LAST) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_  MALE  FEMALE

AGE AT BEGINNING OF SUMMER \_\_\_\_\_

CAMPER'S SCHOOL GRADE IN FALL \_\_\_\_\_

CAMPER LIVES WITH (CUSTODIAL PARENT) \_\_\_\_\_

**PICK A THEMED CAMP:**  ARTS CAMP  SPORTS CAMP

**WATER SAFE**  MY CHILD IS WATER SAFE  MY CHILD IS **NOT** WATER SAFE

**T-SHIRT SIZE**  YOUTH SMALL  YOUTH MEDIUM  YOUTH LARGE  
 YOUTH XLARGE  ADULT SMALL  ADULT MEDIUM  
 ADULT LARGE  ADULT XLARGE

### CAMP WEEKS

- May 29 – June 1  June 4 – June 8  June 11 – June 15  June 18 – June 22  
 June 25 – June 29  July 2 – July 6 (Facility Closed July 4<sup>th</sup>)  July 9 – July 13  
 July 16 – July 20  July 23 – July 27

### PARENT(S) INFORMATION

NAME(S) \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE (A) \_\_\_\_\_ CELL PHONE (B) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

### EMERGENCY CONTACT & PICK-UP AUTHORIZATION

*We require at least three emergency contacts/adults authorized for pick-up other than the parents/guardians listed above.*

NAME \_\_\_\_\_

RELATIONSHIP PHONE \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP PHONE \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP PHONE \_\_\_\_\_

**INFORMATION REQUIRED BY STATE LAW**

HEALTH INSURANCE:  YES  NO

COMPANY \_\_\_\_\_ POLICY  
NUMBER \_\_\_\_\_

FAMILY DOCTOR PHONE NUMBER \_\_\_\_\_

**ACKNOWLEDGEMENT OF RJKCCC CAMP BEHAVIORAL POLICIES & PHOTO RELEASE**

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name, signature and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use connection therewith. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

I hereby grant unrestricted use of video, audio tracks, or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate. I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Camper safety is our top priority. Campers are expected to follow the peace contract by keeping hands and feet to themselves, listening to all instructions and staying with the group. I understand that if my child does not adhere to these expectations disciplinary consequences will occur. Repeat or more serious acts such as fighting, theft, and possession of weapons/ drugs will result in immediate suspension or expulsion, necessitating removal from camp. I or an authorized adult is responsible for picking him/ her up immediately.

**PARENT/GUARDIAN SIGNATURE DATE** \_\_\_\_\_

**HEALTH HISTORY FORM**

The information provided below will assist our staff in providing the best care for your child.

**CHECK IF APPLICABLE OR ALLERGIC:**

- DIABETES  EPILEPSY  BEHAVIORAL CHALLENGES  PENICILLIN  INSECT STINGS
- CARRIES EPI-PEN  ASTHMA  CARRIES INHALER

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE?  YES  NO

DATE OF LAST TETANUS SHOT \_\_\_\_\_

SIGNATURE REQUIRED FOR THOSE WHO DO NOT IMMUNIZE DUE TO PERSONAL BELIEFS

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME & PURPOSE OF MEDICATION (Complete "Med. Info Form" for meds administered at camp)

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DIETARY RESTRICTIONS? \_\_\_\_\_

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OPERATIONS / SERIOUS INJURIES / DISEASES / RESTRICTIONS ON PHYSICAL ACTIVITY?

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PLEASE LIST ANYTHING ELSE THAT MAY AFFECT YOUR CHILD'S EXPERIENCE WHILE AT CAMP  
(i.e. moving, family trauma, etc.)

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**ASSUMPTION OF RISK & LIABILITY WAIVER**

**Parent/Legal Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.**

In a condition of the participation of my child in The Salvation Army's Day Camp program at the Ray and Joan Kroc Corps Community Center, I agree, on behalf of myself and my child, to make no claims or file any lawsuits against The Salvation Army or any of its agents or employees or volunteers for any loss or damage to my child's personal property or for any injury to my child. To the maximum extent permitted by law, this liability waiver will apply regardless of whether the injury or damage was caused by the negligent act or omission of The Salvation Army or anyone acting on its behalf. I further agree to defend, indemnify and hold harmless The Salvation Army its agents, employees and volunteers against liability for any claims, lawsuit, losses, damages or expenses arising out of any personal injury or property damage caused by my child in connection with his participation in Day Camp.

I do hereby authorize The Salvation Army Ray and Joan Kroc Corps Community Center as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general California Medical Practice Act by the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that The Salvation Army Ray and Joan Kroc Corps Community Center is not responsible for the cost incurred for medical care.

**I HAVE CAREFULLY READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SALVATION ARMY.**

PARENT OR LEGAL GUARDIAN'S NAME (PRINTED)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_