

CAMP KROC Camper Info Form



Please complete one form in full per child.

CAMPER NAME _____ MALE FEMALE

DATE OF BIRTH _____ AGE ON FIRST DAY OF CAMP _____

SCHOOL _____

GRADE LAST COMPLETED _____

HOW DID YOU HEAR ABOUT CAMP KROC? _____

T-SHIRT SIZE OF CAMPER:	
YOUTH:	ADULT:
<input type="radio"/> XS	<input type="radio"/> XS
<input type="radio"/> S	<input type="radio"/> S
<input type="radio"/> M	<input type="radio"/> M
<input type="radio"/> L	<input type="radio"/> L

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1 NAME _____ RELATIONSHIP _____ PHONE _____ CELL HOME

EMAIL (REQUIRED) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN 2 NAME _____ RELATIONSHIP _____ PHONE _____ CELL HOME

EMAIL (REQUIRED) _____

STREET ADDRESS _____

CHECK IF SAME AS ABOVE

CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACTS & PICK-UP AUTHORIZATION (IN ADDITION TO GUARDIANS)

1. NAME _____ RELATIONSHIP _____ PHONE _____ CELL HOME

THIS PERSON IS AUTHORIZED TO PICK UP MY CAMPER(S)

2. NAME _____ RELATIONSHIP _____ PHONE _____ CELL HOME

THIS PERSON IS AUTHORIZED TO PICK UP MY CAMPER(S)

3. NAME _____ RELATIONSHIP _____ PHONE _____ CELL HOME

THIS PERSON IS AUTHORIZED TO PICK UP MY CAMPER(S)

ANY ADDITIONAL PEOPLE WHO ARE APPROVED TO PICK UP YOUR CAMPER(S)

1. NAME _____ RELATIONSHIP _____ PHONE _____ CELL HOME

2. NAME _____ RELATIONSHIP _____ PHONE _____ CELL HOME

(Continued on opposite side)

CAMP KROC Camper Info Form (cont'd)



FIELD TRIPS

Please mark the circle next to your preference.

I understand that camp activities include weekly field trips conducted off the Kroc Center campus under adult supervision. Therefore, I:

- do** give permission for my child to participate in Salvation Army activities conducted off the Kroc Center campus.
- do NOT** give permission for my child to participate in Salvation Army activities conducted off the Kroc Center campus, and I understand that Camp Kroc will not provide child care for those not participating in off-site field trips

PHOTO RELEASE

Please mark the circle next to your preference.

- I do** give permission for me or my child to be photographed/videotaped while at Camp Kroc and I give exclusive right to these photos/videos to The Salvation Army and waive all claims of compensation for usage.
- I do NOT** give permission for my child to be photographed/videotaped while at Camp Kroc.

CAMPER RELEASE POLICY

It is our intent that children attending camp do so for the entire day. There are, however, emergency situations when campers must leave early. In those cases, campers will be released to a legal parent/guardian whose name appears on the camper's medical form. Campers **WILL NOT** be released to any other person without **written consent** signed by the legal parent/guardian **and prior notification** to the day camp office: 616.588.7200 ext. 2021. Thank you for your cooperation with this policy intended to promote your child's safety.

INFORMED CONSENT POLICY

We are concerned with your child's safety and well-being. Camp activities involve risk. Activities involving risk can help a child grow in confidence and expand their life experience. Camp policy requires a parent/guardian's approval to allow their child's participation in "high-adventure" activities. This policy applies only to high risk activities. Other inherent risks exist in the camp experience and environment and are not addressed in this policy. Not all activities are conducted at every camp. High-adventure activities may include: archery, climbing wall, swimming, fishing, hiking and waterslide rides.

Please list any activities you prohibit your child from participating in:

PARENT/GUARDIAN AUTHORIZATION

This health history is correct to the best of my knowledge. The person herein described has permission to engage in all prescribed camp activities except as noted above. I have reviewed and consent to the Camper Release Policy and the camper Code of Conduct. **Parents will be notified immediately of any camper injury or illness requiring off-site treatment or removal from camp activities for more than a four-hour period.** Please check one of the following boxes:

- I do give permission to The Salvation Army, which is licensed by the State of Michigan, to secure emergency medical and surgical treatment (including, but not limited to: x-rays, routine tests, injections and anesthesia) and hospitalization of this child if there is insufficient time to contact me. I further authorize routine, non-surgical medical care (including dispensing of non-prescription drugs for illness, injury treatment, insect bites, repellent, sunscreen, etc.) at the discretion of the camp health officer or other first-aid certified staff.
- I **do NOT** give permission to The Salvation Army to secure emergency medical and surgical treatment for this child due to my religious objection. If there is a religious objection, the authorized person must submit a written statement to the effect that the camper is in good health and that the person signing assumes the health responsibility for the camper.

By signing this waiver, I agree to its contents and am aware that I am giving up certain legal rights, including the right to sue The Salvation Army.

NAME OF PARENT/LEGAL GUARDIAN _____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

DATE _____