



## Required Documents for Camp

Please have these **required documents** turned in to Shanna Sullivan by \_\_\_\_\_.

\_\_\_\_\_ Participants Form

\_\_\_\_\_ Medical Release Form

\_\_\_\_\_ Copy of Insurance Card

\_\_\_\_\_ Over the Counter Medication Form

\_\_\_\_\_ Track Time form for Camp

\_\_\_\_\_ Campers Guideline Form  
(signed by parent and camper)

# Camper Guidelines for Centri-Kid Camp

Please read carefully with your parent. This is to be signed by parent and by camper.

1. I will be on time to leave the church promptly at 8:30 am on Monday, July ~~24th~~
2. If I loan any of my personal items to anyone I am responsible for that item if it is lost. (such as iPod, laptops etc.)
3. I will not play, talk or sleep or use electronics in church.
4. I will bring my bible to bible study and to church service.
5. I realize that the night time activities such as Nerf-ball, the tight rope etc. is a privilege not a part of camp. If I misbehave I may lose the privilege of participating.
6. Fighting, cursing, name calling, being disrespectful in any way is unacceptable and may result in me leaving camp.
7. I will take a bath everyday before every service.
8. I am responsible for my clothes, my electronic devices, my toiletries and keeping up with them during camp.
9. I have a chaperone assigned to me and I am to do as the chaperone tells me to at all times.
10. I will be on time for every service, meal and track time and in my room by lights out.
11. I will attend every meal even if I am not hungry.
12. I will keep up with my money at all times.
13. If I spend all my money in the lifeway store on the first day then I realize that I will not have money the rest of the week.
14. I will be responsible for packing my suitcase up on Friday AM.
15. I will not go any where by myself. I will have a friend or chaperone with me at all times unless I am at my assigned track.
16. No ice cream or sodas at breakfast or lunch. Only at our night time meal will I have soda or ice cream.

I, \_\_\_\_\_ understand that if I do not follow these rules I may be asked to call my parents. I may be asked to

Parent Signature \_\_\_\_\_

Child's Signature \_\_\_\_\_

Date: \_\_\_\_\_



Participant Form

Group Leaders: Bring ONE notarized copy of this document to registration and keep a photocopy for yourself to have with you in case of emergency at camp. YOU MUST attach a photocopy of insurance card (front & back).

Church Information:

CentriKid Venue: \_\_\_\_\_ Name of Church: \_\_\_\_\_
Group Leader: \_\_\_\_\_ Group Leader's cell # at camp: (\_\_\_\_)
Church Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Camper's Info:

Participant Name \_\_\_\_\_ Age \_\_\_\_\_
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade Completed (campers only): \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_
In case of an emergency notify: \_\_\_\_\_
Relationship to participant: \_\_\_\_\_
Phone Numbers - Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_
Mobile: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Medical Profile

Generally, the participant's Health is: (Check One) [ ] Excellent [ ] Good [ ] Fair [ ] Poor
If Fair or Poor, please explain the condition: \_\_\_\_\_

List any medical difficulties which are currently being treated: \_\_\_\_\_

Check any of the following that cause you problems & explain:

- [ ] Asthma [ ] Sinusitis [ ] Bronchitis
[ ] Kidney Trouble [ ] Heart Trouble [ ] Diabetes
[ ] Dizziness [ ] Stomach Upset [ ] Hay Fever

\_\_\_\_\_
\_\_\_\_\_

List any medicines or substances to which you are allergic: \_\_\_\_\_
List any previous operations or serious illnesses \_\_\_\_\_
List any medications you are currently taking: \_\_\_\_\_
List any special diet or special needs: \_\_\_\_\_
Childhood Diseases: [ ] Chickenpox [ ] Measles [ ] Mumps [ ] Whooping Cough [ ] Other: \_\_\_\_\_
Date of Tetanus Immunization: \_\_\_/\_\_\_/\_\_\_

You MUST attach a photocopy of insurance card (front & back).

If a camper requires medical attention while at camp, the camper is responsible for the cost. If the camper does not have insurance the sponsoring church will be the financially responsible party. If the medical attention is needed because of an accidental injury at camp, LifeWay provides a limited insurance policy that applies to those costs.

Permission, Acknowledgements, Release, Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used for promotional purposes. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, the CentriKid Camp Venue, the Church, camp or event sponsors and state conventions and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties.

**Assumption of Risk.** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

**Recreation**— The recreation programs at summer event venues strive to offer fun, safe, and challenging activities that engage the whole person—body, mind and soul. Program staff are trained and as a team committed to your rewarding experience with safety as their highest priority. They have done everything possible to mitigate any risks involved in their recreation programs. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball and aquatics (not available at every CentriKid venue). You could experience any of the following – elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your backs and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property. For more detailed information about the recreation programs offered at CentriKid Camp Venues, go to [www.lifeway.com/centrikid](http://www.lifeway.com/centrikid) and follow the specific link to the camp venue's Group Leader Information.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

**Affirmation.** Participant affirms that he/she has not been convicted of nor received a deferred adjudication for: a misdemeanor or felony under any state or federal statute regarding crimes against persons, sexual offenses, or violent offenses under the "Participant Name" submitted on this document or any other name or alias.

**Copy to Camp Venue.** It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to camp venue.

Complete and sign below (*participants who are minors per your state statute require Parent/Legal Guardian signature*).

Participant's Signature: (only if 19yrs of age or older) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Notary Acknowledgement:**

State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_ before me,

\_\_\_\_\_, Notary Public, personally appeared

\_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Medical Release/Permission Form for all Students Activities**  
**This form must be NOTARIZED!**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Parents Name/Emergency Contact \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Immunization: Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_

Mumps \_\_\_\_\_ Other \_\_\_\_\_

Allergies: Food \_\_\_\_\_

Penicillin/Drugs \_\_\_\_\_

Insect stings/bites \_\_\_\_\_

Previous Serious Illnesses: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Childhood Diseases: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_

\*If participant has severe allergies, please be sure to have allergy fighter at all times.

In consideration of granting permission by Hiland Park Baptist Church, its agents, servants, and members for the participation in such activity by participant and custodian hereby, release and exonerate Hiland Park Baptist Church, its agents, servants, and members from any and all liability of every nature and kind pertaining to such activity or the participation therein by participant. Participant and custodian expressly covenant not to sue and do hereby waive and relinquish whatever right either may have or which otherwise might accrue against Hiland Park Baptist Church, its agents, servants, and members by virtue of the sponsorship and supervision of such activity and/or the participation therein by participant, even in the case of personal negligence of the leadership involved.

Participant and custodian hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant under the general or special supervision, and on, the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

**PHOTO RELEASE** This document serves as a release for my child to appear in photographs, videotapes, and church website while participating in activities with Hiland Park Baptist Church for the purposes of publicity or promotion.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Parent/Guardian/Custodial Parent

STATE OF FLORIDA, COUNTY OF BAY

Before me personally appeared \_\_\_\_\_ to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public State of Florida

**Parent/Guardian/Custodial Parent-** This release will remain in effect until Hiland Park Baptist Church is notified. Please inform Hiland Park Baptist Church of any changes in information supplied above, immediately. It applies both to local and long distance trips and events sponsored by Hiland Park Baptist Church. It also waives the responsibility in case of an accident with the use of church vehicles, rental vehicles, and/or personal vehicles.

Updated 3/5/13

**Parental Permission for Administering Medications**  
**(Please read and complete both sides)**

**OVER-THE-COUNTER MEDICATIONS**

I, \_\_\_\_\_, (name of Parent)  
hereby give my permission for the camp nurse (a certified  
Registered Nurse) to give the following over the counter  
medications as deemed necessary to the following child.

(child's name) \_\_\_\_\_ .

Tylenol	yes	no
Benedryl	yes	no
Neosporin	yes	no
Antiseptic Spray	yes	no
Calamine lotion	yes	no
Hydrocortisone Cream	yes	no
After-Bite	yes	no

**See other side for information regarding prescription meds.**

# Centrifield

**TRACK TIME** camps  
**SIGN-UP CARD**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Church Name \_\_\_\_\_ Grade Finished \_\_\_\_\_

## PICK YOUR TOP 6

Write your choices in the blanks.  
1 is your most favorite.  
6 is your sixth favorite.

1 \_\_\_\_\_ 4 \_\_\_\_\_  
2 \_\_\_\_\_ 5 \_\_\_\_\_  
3 \_\_\_\_\_ 6 \_\_\_\_\_

- Archerly
- Art Studio
- Baseball
- Basketball
- Build it
- Cheerastics
- Creative Dance
- Drama
- Flag Football
- Kitchen Chaos

- No Boys Allowed
- Outdoor Games
- Shocco Adventure (\$12)
- Shocco Blast (\$12)
- Sign Language
- Soccer
- Splish Splash
- Tennis
- Volleyball
- Weird Science
- Wet & Wild

# SPECIAL ATTENTION CARD

Camper Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Church: \_\_\_\_\_

Camp Dates: \_\_\_\_\_

This card completed by: \_\_\_\_\_

This camper has a need that CentriKid should be aware of:

- dietary  medical  mobility  
 emotional/spiritual birthday \_\_\_\_\_

Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Turn completed cards in to the Camp Director  
or Assistant Director.

*CentriKid*