

Camp Hope® 2005—Child of Volunteer Application

Child's Name _____ Goes by _____

Address _____ Apt/Lot # _____

City/State/Zip _____

Home Phone # _____ E-mail Address _____

Date of Birth ____/____/____ School Attending _____

Grade for Current School Year 2004-2005 _____

Church Home _____

Church Telephone Number _____ Sr. Pastor Name _____

Favorite craft activity _____

Favorite outside activity _____ Favorite team sport _____

Skill level of swimming (circle one): None Beginner Intermediate Advanced

T-Shirt Size (circle one) Child size S M L Adult size S M L XL XXL

Are there any special requests you have concerning your child's bedtime routine? _____

Please share anything that we should know that might enhance your child's Camp Hope® 2005 experience.

REQUIRED: Please attach a current photo of your child here: 

Please complete information on reverse side

Camp Hope® 2005—Child of Volunteer Medical Release Form

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child, _____ (Child's Name), in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective from Saturday, July 9, 2005 until Friday, July 15, 2005, inclusive.

Persons authorized to direct medical attention to the above named child are employees of kidz2leaders, inc., their representatives, counselors, and/or volunteers.

- PARENT NAME: _____
- HOME PHONE: _____
- PARENT: WORK PHONE _____ CELL PHONE _____
- E-MAIL ADDRESS: _____

- EMERGENCY CONTACT PERSON: _____
- EMERGENCY CONTACT: HOME PHONE _____ CELL PHONE _____
- WORK PHONE _____

- INSURANCE COMPANY: _____ PHONE NUMBER: _____
- NAME OF POLICY HOLDER: _____ POLICY NUMBER: _____
- CHILD'S PHYSICIAN: _____
- PHYSICIAN ADDRESS: _____
- PHYSICIAN PHONE: _____
- KNOWN ALLERGIES: _____
- MEDICINES CURRENTLY TAKING: _____
- REASON FOR MEDICATION (be specific): _____
- OTHER MEDICAL INFORMATION YOU SHOULD KNOW ABOUT MY CHILD: _____

NOTE: If your child in on daily medications he/she MUST bring them to camp to turn in to the camp nurse.

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

RELEASE OF LIABILITY

Kidz2leaders, inc. will not assume any liability for any accident of participants in their group while at the Georgia FFA-FCCLA Center. Utmost caution will be made at all times to ensure your child's safety. The undersigned releases the Georgia FFA-FCCLA Center and kidz2leaders, inc., their representatives, agents, servants and employees from liability resulting from the cause whatsoever occurring to a participant during the stay at the center, excepting only willful acts of such representatives, agents, servants and employees. I understand that from time to time, pictures and/or video footage of camp activities, which may or may not include my child, will be used by kidz2leaders, inc. in various publications, for, but not limited to, camp advertisements. Further, it is my understanding that my child's identity will not be disclosed in said publications. I do hereby acknowledge that I have received and reviewed a copy of the rules and regulations for Camp Hope® and have shared its contents with my child. I also certify that I am the legal parent or guardian for the child that I am sending to Camp Hope®.

SIGNATURE (PARENT/GUARDIAN) _____ DATE _____

Sworn to and subscribed before me this _____ day of _____, 2005.

Notary Public, State of _____

My commission expires _____