

**KIDS GREAT GETAWAY SUMMER CAMP**

**JULY 24-27, 2024**

**4th-6th Grade**

***City Life Kids* is partnering with First Evangelical Free for summer camp!**

NOTE TO CITY LIFE PARENTS:

Camp registration is \$275, but City Life will cover \$100 per child towards registration. Please make checks payable to City Life Church for the amount of \$175 per child.

**PLEASE TURN IN REGISTRATION FORM AND PAYMENT TO KIM HERRMAN  
BY MAY 10.**

If you have any questions, contact Kim at [kim@citylifechurch.org](mailto:kim@citylifechurch.org).

# KIDS GREAT GETAWAY

## CAMPER REGISTRATION FORM

**ATTACH  
RECENT  
PICTURE  
(Required)**

**Parents:** Please complete this form (front and back) and return it to your church office.  
Full payment is due by May 12, 2024. Make checks payable to your church.

Camper's Name \_\_\_\_\_ M or F

Camper's Birthday \_\_\_\_\_ Entering Grade \_\_\_\_\_ (Fall 2024)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

One friend (**same grade**) camper would like to share a cabin with \_\_\_\_\_

Name of camper's sponsoring church \_\_\_\_\_

\_\_\_\_\_ I am paying the full registration fee of \$275.00 with this application (Make checks payable to your church).

\_\_\_\_\_ I am paying the \$20 late fee (after May 12, 2024).

Significant medical history including allergies to food or medicines \_\_\_\_\_

Any special dietary needs \_\_\_\_\_

Is there anything about your child we should know that will help us as we care for them (i.e., social, special needs, medical conditions, etc.)?

Additional Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Insurance Co.** \_\_\_\_\_ **Policy No.** \_\_\_\_\_

I give permission for the Camp Director or Medical Staff to authorize any medical treatment needed for my child while at camp from July 24-27, 2024. I further understand that I am responsible for any medical costs related to treatment if it is determined my child needs care beyond what our medical staff can provide. A medical professional will be on duty at all times.

X

Parent/Guardian Signature

Date

>>> 2 more signatures required on the back! <<<

If your child will need to be given medicine while at camp, you must fill out a prescription card (from the camp representative at your church). **It is required to send medicines in the original container.**

I, \_\_\_\_\_ give permission for the Medical Staff at Kids Great Getaway to administer the non-prescription drugs *marked below* to my child, \_\_\_\_\_.  
This form is good for the week of July 24-27, 2024.

**X**

Parent/Guardian Signature

Date

### Please check the non-prescription items your child may take:

Child's weight: \_\_\_\_\_ (used for correct dosage of medicines listed below)

- |  |   |
|--|---|
| _____ Acetaminophen - pain relief      | _____ Ibuprofen - pain relief/anti-inflammatory |
| _____ Benadryl - allergies             | _____ Pepto for Kids - upset stomach/diarrhea   |
| _____ Benadryl Spray - itch            | _____ Sudafed - nasal decongestant              |
| _____ Chloraseptic Spray - sore throat | _____ Swim Ear                                  |
| _____ Cortizone Cream - itch           | _____ Triple Antibiotic Ointment                |
| _____ Cough Drops                      | _____ Tussin CF - cough                         |

## Participation Agreement

By signing below, I acknowledge and accept the risks of physical injury or property damage associated with participation in the activity described above. Except for gross negligence on the part of Kids Great Getaway (KGG) and/or participating churches, I accept personal financial responsibility for any personal injury or property damage sustained during the activity. Further, I promise to hold harmless KGG and its representatives for any injury or damages related to the activity.

If a dispute over this agreement or any claim for injury or damages arises, I agree to resolve the matter through binding arbitration before an impartial arbitrator chosen by KGG and/or participating churches.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

**X**

Parent/Guardian Signature

Date

**IMPORTANT! Before turning in this form, please be sure each item below is complete:**

- Included a picture on the front
- Marked the non-prescription medications your child can be given during camp
- Signed in ALL 3 places

For office use only:

Date registration received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ Late Fee:  Yes  No