



Christian Learning Care/Camp

3131 Balfour Rd.

Shannon, NC 28386

Doreen Quail, founder/President (910)644-3149

CHRISTIAN CARE/CAMP REGISTRATION FORM

Please complete this form for all children in household participating in Christian care.

Last Name	First Name	DOB	Male/Female

TODAYS DATE MONTH _____ DAY: _____ YEAR: _____

Parent(s)/Guardian(s): _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Primary Number _____ Secondary Number: _____

Emergency Contact: _____

Relationship to Participant(s): _____

List any Court-Appointed Restriction: _____

Those Authorized to pick up my Child/Children are: _____

By signing this application, I (parent/guardian, if volunteer is under 18) grant permission for participation in events without requiring additional permission forms. I also grant CHINO Christian Care/Camp permission to use photographs taken of my child/children for publication to promote CHINO Christian Care/Camp.

PERMISSION/MEDICAL RELEASE FORM

Name	Phone	Address	DOB	School/Grade

PARENT/Guardian's Name: _____

I GIVE PERMISSION FOR MY CHILD TO JOIN THE CHRISTIAN CARE/CAMP OF **C.H.I.N.O (CHANGE HAS INSPIRED NEW OPPORTUNITIES)** RAEFORD, NC IN ANY OF THE ACTIVITIES OR TRIPS SPONSORED BY THE CAMP, ITS STAFF AND SPONSORS. I HEREBY RELEASE THEM FROM ALL RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MAY ACCURE DURING ANY ACTIVITIES. IN THE EVENT OF

AN EMERGENCY, I HEREBY AUTHORIZE AN ADULT LEADER AS AGENT FOR ME, TO CONSENT TO ANY X-RAY EXAMINATION, MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS, TREATMENT AND HOSPITAL CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON, DENTIST (AS APPROPRIATE), LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE SERVICES ARE RENDERED, AT A DOCTORS OFFICE OF IN ANY HOSPITAL. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE.

PARENTS SIGNATURE: _____

EMERGENCY PERSON & PHONE NUMBER:

Name: _____

Phone# _____

NAME: _____

PHONE# _____

MEDICAL INFORMATION: {Required for activities on and off campus}

ALLERGIES:

MEDICATION BEING TAKEN:

PHYSICAL HANDICAPS:

MEDICAL INSURANCE CO.

NAME OF POLICY HOLDER: _____ **POLICY:** _____

Animals

We have various animals at our location such as chickens, geese, dogs, a chipmunk pig, pigeons and other animals which may be added. These are trained animals that are part of our petting farm. If your child(ren) has any allergic reaction to any of these animals, we will take proper precautions so that all children are safe. If you have a child that you know is allergic to animals, please let us know in advance so that we will take proper safety measures. The parent of the allergic child will be contacted immediately.

What are the rules of summer camp?

Name calling, Touching, fighting, bullying, and arguing are strictly prohibited at summer camp. Camp is a place to make friends, so aggressive behavior is not tolerated. Remind your child that they don't have to be everybody's best friend, but they do have to be friendly to everyone. If an issue arises and your child/children become combative you will be notified and asked to pick up your child with no refund.

Parent Signature _____

COVID-19 Liability Waiver

First Name _____ Last Name _____ Date _____

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that CHINO Christian care has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that CHINO Christian care cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, salon staff, and other salon clients and their families. I voluntarily seek services provided by CHINO Christian care and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold CHINO Christian care harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with any services received from CHINO Christian care . I understand that this release discharges CHINO Christian care from any liability or claim that I, my heirs, or any personal representatives may have against the salon with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from CHINO Christian care. This liability waiver and release extends to the salon together with all owners, partners, and employees.

Parent/Guardian Signature _____



2022

Happy Campers!

JOIN US for our SUMMER CAMP!

This year, CHINO is offering a 5 day stay Tent Lockdown Summer Camp across our 8 acres! We welcome children of all abilities between ages 5 & 16. Campers will be placed in groups based on developmental level, age and needs etc.

Camp schedule will be as follows

(Though may be subject to change)

Drop off: Monday, June 13, 2022 @ 12 pm

Pick up: Friday, June 17, 2022 @ 5 pm

These themed adventures will not only give campers a chance to maintain a variety of different skills but enhance new learning AND provide enriching opportunities throughout their everyday lives.

Space is LIMITED!

Contact chinooutreachministry@gmail.com for more information or call 910-644-3149 Doreen Quail to reserve your spot!

*Maintain & Learn NEW Skills

*Field Trip

*Outdoor Play

*Art

*Special Activities

*NEW Friends

*Music

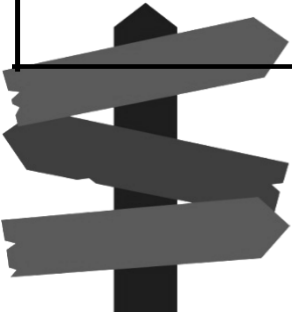
*Petting Farm

*Small Ratios &

A 5 Day Summer ADVENTURE!

\$250.00 for this 5-day Camp

\$50.00 Deposit nonrefundable is required to reserve a spot/ Half price for second child



Happy Campers!

June Camp	Dates	Registration Deadline	Cost	Activity Fee	Deposit
Summer	06/13-06/17/2022	First week of June	\$250.00	\$0	\$50.00

(C.H.I.N.O) Change Has Inspired New Opportunities!



- ✓ Like us on **FACEBOOK!**
- ✓ Visit our website: chinoministry.co
- ✓ Find us on Instagram
- ✓ For Questions or to reserve a spot call 910-644-3149 Doreen Quail OR email us at chinooutreachministry@gmail.com

