



Deadline: Friday, June 11th

**Camp Holy Wild
July 18-20, 2021**

To Be Returned:

- Guest Registration Form
- Medication Administration Record
- KFBC Medical Release Form
- Copy of Insurance Card
- Child Tower Waiver
- T-shirt order form

To Keep:

- Packing List

Payment:

- Camp Deposit \$50
OR
- Full Payment of \$190

SAVE THE DATE

July 7th 6:00pm Mandatory Parent's Meeting

Name _____

Camp Holy Wild

Guest Registration Form

Personal Information

Name of Group: _____

Name: _____ Age: _____ D.O.B: _____ Sex: M or F

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Health Record

(all blanks must be filled in)

1. Any known allergies? _____

2. Allergic to any medications? _____

3. Any physical disabilities or limitations? _____

4. Any recent illness or injury? _____

5. Date of last tetanus shot? _____

6. Emergency Contact? _____ Phone: _____

7. Name of physician? _____ Office Phone: _____

8. Insurance Company? _____ Case/Group #: _____

9. Name of Insured? _____ Phone: _____

Medical Release

I, _____ as myself or a parent/guardian of _____
release Camp Holy Wild, its agents, and employees from any claims or causes of action arising from or
connected with attendance at Camp Holy Wild, New Caney, Texas. .

“except to the extent that they are caused by the negligence of Camp Holy Wild, its agents and employees.”

I further agree that Camp Holy Wild, its agents, and employees are authorized to provide such medical care
as may be necessary in their judgment during attendance at Camp Holy Wild.

Camper/Guardian Signature: _____ Date: _____

Media Release

(permission for photo/video)

I understand that as a participant at Camp Holy Wild, I or my child may be photographed or videotaped
during normal activities and these photos/videos may be used in promotional materials including but not
limited to Camp Holy Wild's website, printed materials, and Facebook.

Camper Signature: _____ Date: _____

Guardian Signature: _____ Date: _____



Medication Administration Record

- ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER WITH PHYSICIAN'S INSTRUCTIONS. OTC MEDS MUST BE IN ORIGINAL MANUFACTURER PACKAGING. MEDS IN UNMARKED PACKAGING WILL NOT BE ADMINISTERED.
- Meds will not be given to minors without a sponsor present. Meds will be given to sponsors to dispense.
- Please place medication bottles in a Ziploc bag clearly labeled with child's first and last name.
- Primary dispensing times for medications will be at each meal unless otherwise noted by a physician.
- Medication must be turned in to medical personnel upon arrival at camp for security purposes. **NO** medications (prescribed or OTC) or vitamins are allowed to be kept in the cabins.
- Please circle at which meal your child takes his/her medication.
- **Fill out shaded column only**; daily columns are for the medical personnel use only.

Camper Name: _____ DOB: _____ M/F: _____

Parent/Guardian Name: _____ Phone Number: _____

Medical Allergies: _____

Parent/Guardian Signature: _____

Medication Name and Times Taken	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<input type="text"/> <input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bed Time							
<input type="text"/> <input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bed Time							
<input type="text"/> <input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bed Time							
<input type="text"/> <input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bed Time							
<input type="text"/> <input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bed Time							

Medical Release

Kingwood First Baptist Church
Children's Ministry

Effective dates: **May 1st, 2021 – April 30th, 2022**

Please print in ink

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Grade _____ Male Female

Address _____ City _____ State _____ Zip _____

Phone _____

Medical insurance company _____ Policy # _____

Primary Policy Holder's Birth date _____

Mother's name _____ Phone: Home _____ Work _____ Cell _____

Father's name _____ Phone: Home _____ Work _____ Cell _____

Emergency contact _____ Phone: Home _____ Work _____ Cell _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History

Check the following areas of concern. If necessary, add another page with details:

1. Does your child have allergies to—
 pollens medications food insect bites
Explain: _____
2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap
3. Date of last tetanus shot: _____
4. Does your child wear glasses contact lenses
5. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the sponsors should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

PARENT/GUARDIAN ACTIVITY PERMISSION

ACTIVITIES:

I hereby give my permission for _____ to take part in various sponsored trips, outings, and camps of Kingwood First Baptist Church, Kingwood, Texas. I also give my permission for my child to be transported in vehicles used in conjunction with these events. I release the church representatives or sponsors from liability for accident or injuries on these trips or activities.

I further understand and agree that, in the event that the above named son/daughter be involved in any dangerous or inappropriate activities, I will pay his or her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representatives.

PICTURES:

I consent and give permission for the use of photographs of myself, my family and/or my child taken while at church activities to be used for the promotion of Kingwood First Baptist Church on their web page, videos or printed materials. _____ (initial).

MEDICAL RELEASE AGREEMENT:

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff or any liability against personal losses of named child.

I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the church representatives or sponsors.

Parent/guardian signature: _____ Date: _____

NOTARY PUBLIC

The above, personally appeared before me and in my presence executed the permission and release form. Witness my hand and official seal this _____ day of _____, 201____.

Notary Public

Note: Please attach a front and back copy of your medical insurance card.

CAMP

T-Shirt order Form



_____ **youth Medium**

_____ **youth Large**

_____ **Adult Small**

_____ **Adult Medium**

_____ **Adult Large**

_____ **Adult XL**

_____ **Adult XXL**



Packing List

What TO Bring

- A Fantastic Attitude
- Swim Suit (Girls – One Piece; Guys – Swim Shorts, No Speedos)
- Water shoes (**closed-toed shoes that can be worn in the water**)
- A Pair of sturdy athletic shoes**
- Shorts for 3 days + extra
- T-Shirts for 3 days + extra
- Socks for 3 days + extra
- Sleepwear
- 1 Beach Towel
- 1 Bath Towel
- 1 Wash Cloth
- A Pair of Jeans
- A light/water-resistant Sweat Shirt/Jacket
- Sleeping bag or twin-size sheets, blanket, and pillow
- Toiletries (SOAP, Toothpaste & Brush, Shampoo, DEODORANT)
- Sunscreen
- 1 Flashlight
- 1 Bible
- 1 Notebook and Pen
- Insect Repellent
- Camera (Optional)

**Campers and sponsors must wear shoes at all activities so please bring a pair of comfortable shoes and another pair of shoes that may be worn in the water. (Shoes are not required inside of the pool area, but must be worn to and from the pool)

What NOT TO Bring

- iPod's, Mp3 Players, Electronic/Video Games, Laptops, Cell Phones
- Candy, Gum, Food of any kind (We will sell sweets and snacks at designated times)
- No Food or Drinks allowed in Cabins
- Knives
- Guns
- Fireworks
- Grumbling, griping or sour attitudes
- Anything else that could get you in trouble!