

Dakota Kid's Camp Registration

Camp Dates: July 6-9

TOTAL COST: \$220

Entering 3rd -5th grade

Registration Due: June 20, 2021

CAMPER'S INFO

Camper's Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Grade Entering: _____ D.O.B. ____/____/____

Male Female

Church: _____

City: _____ Sr. Pastor: _____

PARENT/GUARDIAN/EMERGENCY INFO

Mother/Guardian: _____

Email: _____

Cell Phone: _____

Employer's Phone Number: _____

Father/Guardian: _____

Email: _____

Cell Phone: _____

Employer's Phone Number: _____

Emergency Contact other than Parent/Guardian

Name: _____

Email: _____

Home/Cell Phone: _____

Relationship to Camper: _____

Person(s) designated to pick up child:

Names: _____

Phone: _____

Person(s) **NOT** designated to pick up child:

Names: _____

Requests for cabin assignments _____

Please let us know if you have any special needs, (i.e. ADD/ADHD, Autism, Behavioral Challenges Etc.)

T-Shirt Orders:

T-Shirts are included in registration price. Please select size.

Kid Sizes (select slightly larger than normal size): M(8-10) L(12-14)

Adult Sizes: S M L XL XXL

What to bring: Bible, water bottle, money for snacks and missions offering, modest swim suit, towel, season appropriate clothes, jacket, tennis shoes, flashlight, and toiletries.

What not to bring: All electronic equipment, lighters, matches, alcohol, tobacco, firearms, knives.

Permission for Baptism:

While at camp, your child may want to experience Water Baptism. Are you okay with your child being water baptized without you being present? Photos and videos will be made available for you after Camp. Yes No

Parent's Signature: _____ Date: _____

The registration fee includes all activities such as addition to lodging, meals, t-shirt, water slide, blacklight dodgeball, and a whole lot more!

**Registration form and full registration fee due by Sunday, June 20, 2021. Cancellations will be refunded up-to \$170 if cancelled by Sunday, June 20, 2021. Please make all checks payable to "Destiny Foursquare Church".

Destiny Foursquare Church 1001 E. Philadelphia St. Rapid City, SD 57701 - www.mydestiny.family/camps

Camper's Declaration:

I will fully cooperate with the staff, rules, and program established by the camp so as not to discredit my parents, my pastor, my church, or myself.

Camper's Signature: _____ Date: _____

Parent's Activity Release:

My child will cooperate with the staff, rules, and program of the camp. I understand that I am responsible for my child's actions and will be held financially responsible for any damage done by my child. I will pay for any and all repairs incurred by such damage. I acknowledge that many of the camp/sports activities listed below contain inherent risk of injury. Any controversy or claim arising out of or related to the student's participation in this camp shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration Association. It is understood that the camp officials will make a conscientious effort to locate contacts listed on the form before any action is taken. I understand that my own insurance is primary, our church activities insurance is secondary, and the camp policy is third. I hereby consent to my child participating in all camp activities. I consent to the search of my child's belongings, if deemed necessary by camp staff. I consent to any treatment deemed advisable in an emergency by an EMT, nurse, medical doctor or other first-aid personnel. I also give consent for my child to go on authorized trips away from camp premises.

Parent's Signature: _____ Date: _____

Pastor's Recommendation:

I recommend this camper as one who will cooperate with staff, rules, and camp program. I understand it is my responsibility to see that the camper is picked up if he or she does not cooperate.

Pastor's Signature: _____ Date: _____

CAMPER'S MEDICAL HISTORY**Do you have any of the following conditions?**

Diabetes: Yes No Tuberculosis: Yes No
 Epilepsy: Yes No Other: _____
 Asthma: Yes No

Allergies (severe reactions only):

Hay Fever: Yes No Penicillin: Yes No
 Ivy Poison: Yes No Insect Stings: Yes No

List any surgeries had in the last two years:**Standard Over-the-Counter/PRN Medications:**

The following medications can be administered by camp medical personnel if approval is indicated by the camper's health care provider. Unless otherwise specified on this form, the route of administration, dosage, and schedule will be determined based on the manufacturer's instructions as appropriate for camper's age, weight, etc. Generic equivalence of name-brands may be administered; please indicate if a child has an allergy to specific name-brand drug. Medications should be brought to camp in **LABELED CONTAINERS WITH DOSAGE INFORMATION INCLUDED. Cross out those which your camper should NOT be given.**

Acetaminophen (Tylenol)	Cough Drops	Pseudoephedrine (Sudafed)
Activated Charcoal	Guaifenesin DM (Robitussin)	Ibuprofen (Advil)
Aloe Vera	Diphenhydramine (Benadryl)	Ipecate
Bismuth Chew Tabs (Pepto-Bismal)	Double Antibiotic Cream	Kaopectate
Night Time Cold Formula	Lidocaine 2% Topical	Calamine Lotion
Chlorpheniramine (Chlor-Trimeton)	Hydrocortisone Cream	Opcom-A eye drops
		Tums antacid

Is the camper on prescription medication? Yes No Does the camper use Bee Sting Epinephrine? Yes No
 If yes to either, please list exactly what and when it is to be taken: *(Attach additional information as needed.)*

Camper's belongings should be labeled. Camp is not liable for lost items. All medications must be turned in to camp staff upon arrival.