

Destiny Foursquare Church
1001 E. Philadelphia St.
Rapid City, SD 57701
Phone: (605) 348-7958
www.destiny4square.org
www.dakotacamp.org

Stand Firm Dakota Kid's Camper Registration Form

*This application is for kid campers only.
Adult volunteers must fill out a Group Leader application.*

July 5th – July 8th, 2022

Camp Cost:
\$225
(T-shirt included)
Registration Deadline:
June 5th

Camper's Name _____

Address _____

City _____ State & ZIP _____

Parents/Guardians _____

Home Phone () _____

Cell Phones _____

Work Phones _____

Two emergency contacts are required other than parents. In the case parents cannot be reached, phone numbers will be called in the order they appear. Please supply names & phone numbers w/area code.

1. _____

2. _____

What to bring: Bible, water bottle, sleeping bag, pillow, money for snacks & missions offering, modest swim suit, towel, clothes, jacket, & toiletries.

All articles should be labeled. Kamp Kinship and Destiny Foursquare Church is not responsible for lost or stolen items. Medication of all kinds must be turned into the nurse upon arrival.

What not to bring: All electronic equipment, lighters, matches, alcohol, tobacco, firearms, and knives. No belly shirts, crop tops, tank tops with less than a two finger width strap.

Please send any mail to:

Child's Name/Dakota Camp
Cedar Canyon Camp
5130 Memorial Rd
Rapid City, SD 57702

***T- Shirt - please
circle your Size***

(select a size slightly larger than normal)

Kid Sizes

M(8-10) L(12-14)

Adult Sizes

S M L XL

Camper's Medical History

Health Insurance Co: _____

Policy # _____ Group # _____

(Family insurance is primary)

Is 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)

Date of last immunizations:

DTP / / Measles / /

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

Poison Ivy: Yes No Insect Stings: Yes No

Food, Drug, Other: _____

(If allergy exists, please send proper medication)

List any surgeries or serious injury in the last two years.

Restricted Activity: _____

Dietary Restrictions: _____

*Make sure both sides
of this form are
Completely Filled Out!*

Kids Camp (entering Grades 3rd thru 6th): Grade camper will be in **2022-23 school year** (next school year) _____

Camper's must register for the appropriate camp. Any changes must be approved by Camp Director prior to June 26th.

Camper is a: Male Female Date of Birth _____

City & name of Church _____

Requests for cabin assignments must be made by June 26th.

Special Needs (anything that would helpful for the director or group leader to know, i.e. ADD/ADHD, autism, etc):

RELEASE FORM

THIS REGISTRATION FORM IS NOT VALID WITHOUT THE FOLLOWING THREE SIGNATURES:

1. Camper's Declaration:

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

Camper's Signature: _____ Date: ____/____/____

2. Parental Medical & 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. I also certify that my child's immunizations are up-to-date.

Parent/Legal Guardian's Signature: _____ Date: ____/____/____

*Understand that while at camp, your child may want to experience water baptism. Initial here if you **DO NOT** want your child baptized at camp without you being present. _____

3. Pastor's Recommendation:

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

Pastor's Signature : _____ Date: ____/____/____

CAMP ACTIVITIES

Basketball
Gaga Ball
Low Ropes Course
Volleyball
Yard Games
Kickball
Crafts
Board Games
Scavenger Hunt

Campfires
Waterslide
Hiking
Water Games
Zip Line
Nine-Square-
in-the-Air

IMPORTANT INFO YOU NEED TO KNOW

- ◆ A **\$50 deposit** and registration form is due no later than **June 5th**. Please return this form, with deposit to Pastor Dyani. Final payments are due **Sunday, June 26th** -- no guaranteed campers or T-shirts after this date.
- ◆ Please make all checks payable to Destiny Foursquare Church.
- ◆ **This camp is being administrated by Destiny Foursquare Church, 1001 E. Philadelphia, Rapid City, SD 57701, 605-348-7958**

All forms must be completed to be accepted. If requesting scholarship assistance, a separate form is also needed.