

REGISTRATION FORM

Summer Blast Kids Camp 2024

Date: July 14-17 Place: Temple Hills Retreat, Stendal

Grades: 1st-2nd grades Time: 8:30a—7:30pm Mon & Tues

Grades: 3rd-5th grades Time Sun. 5pm—Wed. 11am

Contact person responsible for this activity:

Pastor Loretta Michel 812-630-9270

KEEP TOP COPY

Name(s) _____ has my permission to attend with the
Victory Kids Ministry the following activity Kids Camp on the date(s) of July 14-17.

Check this box to verify the participant above has a current, signed health release form on file at Victory Assembly of God.

Note: Child may not attend if health form is not on file. I understand the arrangements and also believe that necessary precautions and plans for the care and supervision of my child during the trip/activity will be taken. Beyond this, we will not hold Victory Assembly or those supervising the trip/activity responsible.

*Please notify the church if there have been any changes in your child's health information.

Parent Signature: _____ Date _____

Number(s) where you can be reached during the hours of this activity

Home _____ Cell _____

Other _____

*** Return all forms to Pastor Loretta**

Health Questionnaire:

Please read and complete carefully.

Name _____ Age _____ Phone/Cell _____

I have medical insurance coverage for my child. ___Yes ___No

Name of Primary Insured: _____

Insurance Company: _____

Policy Number: _____

Are all immunizations current with State Law? ___Yes ___No

My child may be given over-the-counter, non-prescription medications, not to exceed recommended dosage, for stomach discomfort, burns, cuts, insect bites, rash, aches, fever, cough, congestion, etc. ___Yes ___No

Check any conditions the camper has now or has ever had: ___Heart Trouble
___Seizures ___Asthma ___Diabetes ___Lung Trouble ___HIV/AIDS ___Hernia
___Allergies ___Other (Please explain) _____

Prescription drugs CANNOT be administered unless they are in their original container with correct dosage instructions printed on the label. A note from a physician will be necessary otherwise.

Medications being used _____

Precautions to be observed _____

Activities to be avoided _____

Other phone numbers where you can be reached if necessary:

Cell phone number _____ Work/other number _____

"In case of emergency, I authorize Victory Staff personnel to sign in my absence, permitting my child to be treated in event of sudden accident or illness and I agree to be financially responsible for treatment."

Parent Signature _____ Date _____