

LOUISIANA DISTRICT KIDS CAMP 2008

CONSENT AND CERTIFICATION

I, the undersigned, being the parent/guardian of the child named above ("child"), do hereby consent to the participation of my child in all of the scheduled activities during the Louisiana District Kids Camp for the year 2008, and any other activities customarily associated with this camp. Further, I certify that my child is physically fit and adequately prepared to participate in all sporting events (unless otherwise noted in medical information). If my child is involved in any destructive behavior or vandalism, I understand that my child and I will be financially responsible for their actions.

MEDICAL TREATMENT AUTHORIZATION. I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize any one or more of the following persons to make emergency medical care decisions on behalf of my child if required by law or a health care provider. I, _____, **understand the Louisiana District UPC will not be responsible for medical expenses incurred solely on the basis of this authorization.** I agree to notify the Camp in the event of any health changes that would restrict my child's participation in any normal camp activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

HEAD LICE POLICY. All campers will be required to have their hair checked for head lice by the camp nursing staff before registration will be completed. If lice/nits are found, the camper will not be allowed to complete registration. The personnel in charge of the camper during camp will be asked to notify the child's parental guardian. We ask that all church guardians stay with their youth until registration is completed. If a child is found with lice/nits after registration, the Pastor/Parent/Guardian will be contacted to a) return the camper home, b) arrange treatment (Camp staff will not provide treatment). The camper can be readmitted only if properly treated, and a letter is presented from Pastor/Parent/Guardian/Physician stating the same and the camper must be re-checked by camp nurse to be certified lice/nit free.

REFUND POLICY

Due to the cost of supplies purchased in advance, only partial refunds may be arranged on an individual basis. The actual refund amount will be calculated on a pro-rated basis up to the 3rd day, minus a base cost of \$25.00. No refunds will be given after 12:00pm on the 3rd day.

*** NOTE: Every application must have the following three signatures in order to be processed.**

I will abide by Camp rules and dress code, and be respectful, courteous and cooperative at all times!

1. CAMPER SIGNATURE _____ **DATE** _____

I have reviewed the above information, including specifically the Consent and Certification, Medical Treatment Authorization, and Head Lice Policy sections. I do hereby grant authorizations as requested.

2. PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

By my signature, I am approving this camper for attendance at the Youth Camp indicated:

3. PASTOR SIGNATURE _____ **DATE** _____

Each Camper must bring the completed form to Pre-Registration Check-In or mail completed form to:

Rev. Marcus Robinson

7026 Curtis Lane, Lake Charles, LA 70607

For more information call: (337)214-4323

OFFICE USE ONLY

Dorm

Confirmation # (pre-registered only)

Fee \$

Cash/Check/Money Order