

# KENTUCKY CAMPING MINISTRY

## 2012 Camper Application

### CAMP OFFICE USE ONLY

Date Received: \_\_\_\_\_ Tuition \_\_\_\_\_ Deposit: \_\_\_\_\_ Late Fee: \_\_\_\_\_ Total Due: \_\_\_\_\_ Balance: \_\_\_\_\_

Additional Snack Card(s): \_\_\_\_\_ Camper paid: \_\_\_\_\_ Sponsor paid: \_\_\_\_\_ Sponsor's Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Camper's Birthday: \_\_\_\_\_ Age by Camp: \_\_\_\_\_ Sex: \_\_\_\_\_ Saved: \_\_\_\_\_ Sanctified: \_\_\_\_\_

Holy Ghost Baptism: \_\_\_\_\_ Church I regularly attend (local church name): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Phone Number #1: \_\_\_\_\_ Emergency Phone Number #2: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Pastor's Phone Number: \_\_\_\_\_

**ALL APPLICATIONS RECEIVED BY JUNE 1<sup>ST</sup> WILL RECEIVE AN EXTRA \$5 SNACK CARD.  
APPLICATIONS RECEIVED AFTER THE JUNE 1<sup>ST</sup> DEADLINE WILL BE CHARGED A \$25.00 LATE FEE.  
NO PRE-APPLICATION DEPOSIT IS REQUIRED.**

\_\_\_\_\_ Jr High/Senior Camp (Ages 11 – 18) June 18 – 23 (Monday-Saturday) Tuition: \$125.00  
***Application Deadline: June 1 Mike & Dana Estep (Director's Address: [michael.estep@powell.kyschools.us](mailto:michael.estep@powell.kyschools.us) or 260 Walnut Lane – Stanton, KY 40380)***

\_\_\_\_\_ Junior Camp (Ages 7 – 11) June 24 – June 28 (Sunday – Thursday) Tuition: \$90.00  
***Application Deadline: June 1 Scott & Sherry Whaley (Director's Address: [whaleyserry@yahoo.com](mailto:whaleyserry@yahoo.com) or 583 Pamela Drive, Ashland, KY 41102)***

Camp Tuition includes Camp Picture; a \$5.00 Snack Card, and a Camp Tee-Shirt.  
Additional Snack Cards may be purchased before and during camp.

### Camp Participation Guidelines:

- All campers are expected to abide by all "Camp Participation Guidelines." I understand that my child may be dismissed from camp and sent home in the event that his/her behavior(s) is determined to be unacceptable by camp staff (Camp Coordinator and/or Camp Director). Parents/guardians will be notified of this decision prior to the camper's dismissal.
- No camp tuition refunds will be given in the case of campers having to leave camp early (by parent, camper, or staff request).
- Any camper, determined by and/or in the opinion of the Camp Nurse, to have an "at risk" medical condition (i.e., pregnancy, contagious disease, head lice, etc.) which would negatively affect the health of other campers and staff will be immediately dismissed upon discovery.
- Campers are never to be allowed to leave the campground once camp has begun without direct staff supervision and Camp Director knowledge and permission.
- Campers are expected to attend and appropriately participate in all camp programming unless otherwise excused in writing by a camper's parent/guardian.
- Camp Nikao is a Christian campground and all campers are expected to conduct themselves in a morally respectful and/or responsible manner at all times. Campers are expected to dress in an appropriate and/or decent manner. Lying, stealing, fighting, harassment, the use of profanity, sexually promiscuous behavior(s), and/or any other criminal acts and/or behaviors will not be tolerated at Camp Nikao and may result in dismissal and/or criminal prosecution.
- Deliberate and/or intentional destruction of campground property will not be tolerated and will become the financial responsibility of the camper(s) and/or his/her parents/guardians.
- Campers are never to be allowed to have in their possession tobacco, alcohol, unprescribed to the camper medications/drugs, firearms, knives (including pocket knives), and/or weapons of any kind. If such items are discovered they will be immediately confiscated and parents/guardians will be notified.
- Campers are not to leave their cabins at night after curfew, or before the morning wake-up time without appropriate (Director-Dean) staff knowledge and permission.
- Camp Nikao is not responsible for the loss and/or damage of personal belongings during camp.
- All personal camper medical expenses will be first billed to the camper's medical insurance/provider. Camp Nikao will then become the secondary provider for any additional claim balance.
- No food and/or pets are allowed in the cabins and/or any campground buildings.
- Personal visitation is not allowed while camp is in progress.
- All camp service visitations/visitors are to be approved prior to the visitation/visitors arrival at the campground by the Camp Director.
- Failure to follow the "Camp Participation Guidelines" will result in a personal counseling intervention with the Camp Director and may result in the removal of the camper from the campgrounds.

I have read, understand, and agree to abide by all campground rules, policies, and guidelines:

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Medical Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Campers **MUST** submit all medications in their original containers to the camp nurse during registration. During camp, all camper medications must be administered by and/or in the presence of the camp nurse. Please provide the following information with reference to camper medications:

<u>Medication Name</u>	<u>Dosage</u>	<u>Frequency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give permission for the camp nurse to provide and administer over-the-counter medications as needed.  
 Yes  No (please check one)

My Doctor's name is: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance:  Yes  No If "Yes," Medical Insurance Provider: \_\_\_\_\_

Medical Insurance Provider I.D. number is: \_\_\_\_\_

## Health History: (check all that applies to you)

Epilepsy       Asthma       Coma       Kidney Trouble       Other: \_\_\_\_\_  
 Convulsions       Heart Trouble       Tuberculosis       Rheumatic Fever      \_\_\_\_\_  
 Diabetes       Sleep Walking       Fainting       HIV/Aids      \_\_\_\_\_

## Allergic Reactions:

Bee/Wasp Stings       Pollens       Poison Ivy/Oak/Sumac       Penicillin       Any Other drugs (names):  
\_\_\_\_\_

Allergies (names): \_\_\_\_\_

Last Tetanus Shot (date): \_\_\_\_\_ Recent Surgery/Illness: \_\_\_\_\_

Restrictions (Physical): \_\_\_\_\_

History of Mental Illness:  Yes  No

Special Diet (Restrictions): \_\_\_\_\_

I give my permission for the camper to go swimming (life guard supervised only):  Yes  No

I give my permission for the camper to participate in baptism if he/she desires to do so:  Yes  No

I give my permission for the camper to attend and participate in staff supervised off-campground activities and staff supervised field trips:  Yes  No

## Medical Release:

I understand, in the event of **ANY** accident, injury, illness, and/or any other relevant medical emergency reasonable effort will be made by camp staff to contact the parent/guardian of the injured camper. If camp staff is unable to contact me by the information I have provided, I hereby give permission for camp medical staff to administer emergency First Aid and I authorize the Camp Director and stand-by camp physician selected to secure proper emergency medical treatment (this to include but not limited to hospitalization, the order of appropriate medication(s), and/or the approval for needed emergency surgery).

I have read, understand, and agree to the above medical release and permissions as marked:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_