

NWD KIDS CAMP 2025

Kids Application

(1st-6th grade completed)

Name _____ Boy _____ Girl _____

Address _____ City _____ State _____ Zip _____

Phone _____ Age _____ Birth date _____ Grade Completed _____

Church (full church name) _____

List two friends that your child would like in their cabin (we will room them with at least one of these friends) _____

T-shirt Size: (circle one) YS YM YL AS AM AL AXL

HEALTH HISTORY: PLEASE INDICATE IF YOUR CHILD SUFFERS FROM THE FOLLOWING:

___ Frequent ear infections ___ Hypertension ___ Asthma

___ Hay fever ___ Diabetes ___ Ivy Poisoning

___ Convulsions ___ Epilepsy ___ Insect reactions

___ Bleeding/Clotting Disorder ___ ADHD ___ Physical Disabilities

Allergies _____

Current medications (with instructions) _____

Reason for medication _____

Any restrictions that we should know about your child? _____

Last tetanus shot _____ Does your child wet the bed? _____

IN CASE OF EMERGENCY/RELEASE FORM/MEDIA RELEASE

I _____ being the parent or legal guardian of _____ born __/__/__ do for ourselves (myself and for and on behalf of my child-participant), do hereby release, forever discharge and agree to hold harmless IFCA & NWD Kids Ministry and the directors and staff thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage, expenses, and any lost or stolen goods, or any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in above-described trip or activity. Furthermore we (I) (and on behalf of our (my) child-participant) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. We (I) are parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Parent/Legal Guardian _____ Date _____

Insurance Company _____

Group # _____ ID # _____

Emergency Contact _____ Phone Number _____

Media Release:

During the week of NWD Kids Camp, NWD Kids takes photographs and/or makes an audio or videotape recording of children and/or adults involved in camp activities, such photographs or video records may be used by staff and participants to remember the event. In addition, such photographs and audio/visual recording may be used by NWD Kids in publications or advertising materials. In addition, NWD Kids would like to share with families, friends and other churches before, during and after camp via social media and on the NWD website. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as the agents of the NWD see fit. This consent includes but is not limited to: photographs, videotapes, audio recordings, social media and the NWD webpage.

*****CIRCLE: Consent:** **YES / NO** **Parent/Guardian Signature**_____ **Date**_____

****Please complete this form and return it with registration deposit to Kids' Leader/Pastor****

****Group registration & this form will then be sent to Kids' Camp Leader by your leader****