



JULY 11-15, 2022

Name _____

Address _____

Age _____ M or F Grade Entering _____ T-shirt Size _____

K-6th Grade (child is going INTO Kindergarten – going INTO 6th grade)

\$75.00/child

(Please check payment type)

____ SecureGive ____ Cash ____ Checks made payable to *Harvest Chapel*.

If there is an overnight stay, will your child participate? (1-6 graders only) Yes or No _____

Medical Treatment Authorization

I understand that I will be notified in the event 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 that my child is injured or becomes ill. I understand that Harvest Chapel will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as a parent/guardian.

I agree to notify Harvest Chapel in the event of any health changes which would restrict my child's participation in any normal activities. I also understand that the adult supervisors reserve the right to restrict my child from activities that they do not feel is within the physical capabilities of my child.

Signature of Parent/Guardian Date

Transportation/Media Release

I hereby give consent to have my child transported by Harvest Chapel to any off-site camp-related event. I understand that Harvest Chapel will not be responsible for any medical expenses incurred in cause of injury, but that such expenses will be my responsibility as a parent/guardian.

I hereby give consent for Harvest Chapel to take photographs & video footage of my child(ren) during camp activities for advertising, promotional materials, web page, & publications.

In signing below, I fully understand and give approval for the above mentioned transportation and media release.

Signature of Parent/Guardian Date

Emergency Medical Information & Authorization

Child's Full Name Birth Date

Father's Full Name Mother's Full Name

Father's Cell # Mother's Cell #

Father's Work # Mother's Work #

1 _____ 2 _____

*Names of up to TWO additional Individuals Eligible to pick up Child/Children listed

Family Physician/Phone #

Hospital Preference

Medical Questionnaire

Is your child presently treating for any injury or illness or taking any form of medication for any reason? _____

Is your child allergic to any type of medication? _____

Does your child require a special diet due to allergies? _____

Does your child have any other allergies of any type? _____

Does your child have (or ever had) any of the following?

- | | | |
|--------------------|-----------|--------------------|
| Seizure Disorder | Asthma | Heart Murmur |
| Diabetes | Hay Fever | Anxiety/Depression |
| Bathroom accidents | ADHD | other: _____ |

Does your child get easily nervous or upset? _____

Can your child swim? _____

Meals will be announced no later than one week prior to camp starting.

I understand that breakfast, lunch, & snacks will be provided each day. In the event that my child does not prefer what is being served, I will pack a lunch for them.

Signature of Parent/Guardian Date