



# MOMENTUM KIDS CAMP

## REGISTRATION

**ALL PARTICIPANTS:** Complete your registration by returning the following to your church's camp coordinator:

- \$30 deposit paid to your local church (additional \$140 due to your church before camp). Total \$170
- Completed and signed Registration & Medical Waiver/Activity Release Forms
- Copy of medical insurance card

**CABIN LEADERS AND STAFF:** Complete the ALL PARTICIPANTS checklist and return the following:

- Completed Leader Information (all adults) and Pastor Endorsement (cabin leaders only)
- Completed form agreeing to a background check

Last Name:	First Name:	Participating as: Camper Cabin Leader Staff (circle)		
M or F (circle)	Age:	Date of Birth (mm/dd/yy):	Grade completed: 3 4 5 6 (circle)	
Address:		City:	State:	Zip:
Parent/Guardian Name:			Phone:	
Parent/Guardian Name:			Phone:	
Email Address of Participant or Parent/Guardian:				
Medical insurance company (attach copy of insurance card): (indicate if not insured)			Policy number:	
If Parent/Guardian cannot be reached, contact:			Phone:	
Church attending camp with (church name, city):				

Are you taking any medication or have any medical conditions? Yes No (circle one. If yes, please list and explain below)

**All medications (including vitamins/supplements) must be in original container and turned in at registration**

List any allergies/restrictions (If you have ever had a severe reaction to bee sting or insect bite, please explain below):

Food: \_\_\_\_\_

Environmental: \_\_\_\_\_

Drug: \_\_\_\_\_

My child may be given over-the-counter medication in appropriate doses if needed:

\_\_\_\_ Pepto-Bismol    \_\_\_\_ Tylenol    \_\_\_\_ ibuprofen    \_\_\_\_ Benedryl    \_\_\_\_ cough syrup

**FOR TVSBA OFFICE USE ONLY**

Registration (p. 1) Completed: \_\_\_\_\_ Medical Release/Activity Waiver (p. 2) Signed: \_\_\_\_\_

Medication/Med Condition? \_\_\_\_\_ Allergy Alerts: Food \_\_\_\_\_ Environmental \_\_\_\_\_ Drug \_\_\_\_\_ (Y or N)

Has Insurance? \_\_\_\_\_ Insurance Card Copy Received \_\_\_\_\_ SCANNED: \_\_\_\_\_

NOTES:



# MOMENTUM KIDS CAMP

## MEDICAL RELEASE / ACTIVITY WAIVER

**SPONSOR:** Treasure Valley Southern Baptist Association, P. O. Box 414, Emmett, Idaho 83647

**ACTIVITY:** Momentum Kids (2025 Idaho Southern Baptist Camp), June 23-27, 2025, at Cathedral Pines Campground, Ketchum, Idaho; including (but not limited to) swimming, hiking, campfire, games, and photographs.

I authorize treatment for my child (or myself) at camp by a designated first aid provider in the event of any accident or illness, including administration of OTC medications at his/her discretion.

In the event of an emergency, I further authorize the transfer of my child (or myself) to a medical facility for treatment if needed. I agree to assume all financial responsibility for all medical care that may be required in such an event. All possible effort will be made to contact parents/family in the event of an emergency requiring further medical treatment than is available at camp, before such treatment is initiated.

I understand that my child will be transported home from camp with the same group he/she arrived with, unless I have specifically instructed otherwise here. There will be no exceptions to this rule except in the case of a medical emergency or extreme misbehavior by a camper.

Special travel instructions:

### ALL PARTICIPANTS (including children/minors) MUST READ AND SIGN:

As a camper, cabin leader or staff, I understand that if I intentionally violate the Code of Conduct or Dress Code, or I choose not to obey those responsible for my safety, I will be sent home. I will obey the Code of Conduct and Dress Code and those responsible for my safety.

Participant's Name, PRINTED: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT/GUARDIAN OR PARTICIPATING ADULT LEADERS MUST READ AND SIGN:

As the parent/guardian of the child named above, I have discussed the Code of Conduct and Dress Code with my child. I understand that if my child must be sent home from camp, whether due to illness, injury or for intentional disobedience, it will be at the discretion of the Camp Director, with consultation of Camp First Aid Provider as appropriate, and without any refund of camp fees. As an adult leader, I understand it is my responsibility to also follow the camp rules.

In consideration of the permission granted to the participant named above to participate in the designated activity, I hereby release the above named sponsor/church, its agents and employees, from all actions, causes of action, damages, claims, or demand which I, my heirs, executors, administrators, or assigns may have against said sponsor/church, their agents and employees, and other above described parties for all personal injuries known or unknown which the participant named above, has or may incur by participating in the above described activity. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian or Adult Leader's Name, PRINTED \_\_\_\_\_

Parent/Guardian or Adult Leader's Signature \_\_\_\_\_ Date: \_\_\_\_\_