

THE UNITED CHURCH IN JAMAICA AND THE CAYMAN ISLANDS

CIRMC CAMP MINISTRY

REGISTRATION & MEDICAL FORM

TEENS CAMP (Ages 13-17) CHILDREN'S CAMP (Ages 8-12)

CAMPER'S NAME: _____

CAMP ATTENDING: [] Teens' Camp: July 7- 12, 2018 [] Children Camp: July 14-19, 2018

MALE [] FEMALE [] Date of Birth (D/M/Y): ____/____/____ AGE: _____

NAME OF PARENT/GUARDIAN _____

RELATIONSHIP TO CAMPER _____ E-MAIL _____

CONTACT (H) _____ (W) _____ Ext _____ (Cell) _____

ADDRESS _____ KY1- _____
Street District P.O. Box

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT: (H) _____ (W) _____ Ext _____ (Cell) _____

HEALTH INFORMATION

Does your child suffer from any of the following conditions?

- (a) Diabetes [] Yes [] No
(b) Epilepsy (fits) [] Yes [] No
(c) Food Allergies [] Yes (please identify the foods) [] No

- (d) Any other condition [] Yes (please explain) [] No

Is your child presently taking any medication? [] Yes (Please give details) [] No

Medication _____ Dosage _____

Medication _____ Dosage _____

Please ensure that your child has ONE WEEK'S supply of their medication in its correct containers with instructions.

MEDICAL CONSENT

As legal parent /guardian of the above named camper I Give Do not give permission

1. I authorize the Camp Nurse / Camp Director to administer general first aid treatment for minor injuries or mild illnesses experienced by my child during the Camp Week.
2. I authorize the Camp Director, in the event that I cannot be contacted or if any emergency dictates, to act in *loco parentis* for my child in respect of any circumstances, including any accident or illness, which may necessitate medical treatment, and to take the necessary action to either call 911 or transport my child to the George Town HSA Hospital during Camp Week.
3. For the avoidance of doubt, medical treatment for my child may include x-ray, blood transfusion, anaesthetic and medication, and may also include emergency surgery provided any such medical treatment or surgery is performed by a duly licensed practitioner. If I am unavailable or unable to be contacted, I authorize the Camp Director to reasonably exercise their discretion in consultation with a medical professional to consent to whatever medical treatment or emergency surgery the medical practitioner may deem necessary.

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SUMMER CAMP 2015
REGISTRATION & MEDICAL FORM**

CAMP FEES

- [] Full payment of CI\$120.00
[] Part payment _____ (at least CI\$75.00 with balance due at beginning of Camp)
[] Sponsorship (if confirmed by youth leader)

SWIM PERMIT

As legal parent /guardian of the above named camper I Give Do not give my child permission to swim at the Beach/ participate in a water activity/ equipment.

PROMOTIONAL APPROVAL

For promotional purposes and Camp highlights, your child's picture may be seen on the church's website and facebook pages, or on YouTube channels.

As legal parent /guardian of the above named camper I Give Do not give permission for the United Church in Jamaica and the Cayman Islands camp personnel to post pictures and videos on <https://www.facebook.com/UnitedChurchCaymanSummerCamps> page as well as our You Tube page <https://www.youtube.com/ynecayman>.

DISCLAIMER

I hereby discharge the Cayman Islands Council of the United Church in Jamaica and the Cayman Islands and the Camp personnel from any and all liability in connection with my child's participation in any of the activities related to Camp and the Camp Programme. I understand that the programme involves outdoor and physical activities. I also agree to pay for any damages or liabilities my child may have deliberately caused during Camp.

I understand the camp rules disallow my child to bring cell phones, video games, and any electronic gadgets. I also understand the camp is not responsible for loss or damage to restricted items (see Information sheet).

As legal parent /guardian, the submitted information given above is true to my knowledge. I understand and accept the disclaimer.

Signature of Parent / Guardian

CHURCH'S REFERRAL

Name of Church Child Attends

Name of UCJCI Minister / Youth Worker/ or other Reference

Signature of UCJCI Minister / Youth Worker/ or other Reference

Please complete REGISTRATION FORM and return to your respective Youth Leaders or to the Council Office

Please make cheques payable to: **UNITED CHURCH COUNCIL**
No REFUNDS

INTERNAL (Payments)

Receipt Date: _____ Amount: _____ Method: __ Cash __ Check (Ck# _____ / Bank _____)

Sponsorship

Sponsor Name: _____ Sponsored Amount _____ Method: _ Cash _ Check (Ck# _____ / Bank _____)