

# ROYAL FAMILY KIDS' CAMP FOR FOSTER CHILDREN 7 - 11 YEARS OLD

June 22 - 26 2009

CrossRoads Nazarene Church  
2950 W Ray Rd  
Chandler, AZ 85224

Contact: Kara Ashcraft at 480-329-3832 or email: mkashcraft@cox.net

\*Please make checks payable to: CrossRoads Church

## REGISTRATION FORM

Instructions: Please Print. This form must be completely filled out. The information is vital to the health and well being of the child. Your application will be returned to you if it is not completely filled in.

Child's Last Name	First Name	Preferred Name	Sex	Birth date
Street		Age		Current Emotional Age
City	Zip	School	Grade	Reading level
The child is living with: (Check one)	Foster Parent	Group Home	Relative	
Name(s) of person(s) the child is living with:		( )		
Home Phone		Work Phone		
Emergency Contact		Phone		
Relationship to Child		( )		
Social Worker		Day Phone Number		

Moved in Foster Placement how many times? \_\_\_\_\_

Explain circumstances that make camp especially important for the child:  
(for example: recent crisis, being moved in foster placement, severe economic needs, etc.)


**CAMPERS EMOTIONAL/BEHAVIORAL HISTORY**

	Often	Sometimes	Not at all		Often	Sometimes	Not at all
Aggressiveness	0	0	0	Night Terrors	0	0	0
Bedwetting	0	0	0	Runs Away	0	0	0
Biting	0	0	0	Sexual Acting Out	0	0	0
Eating Disorders	0	0	0	Steals	0	0	0
Hyperactive	0	0	0	Tantrums	0	0	0
Lying	0	0	0	Withdrawn	0	0	0

**If often or sometimes is checked please provide details (when it occurs, how often, how long, how to manage it)**

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**What types of discipline methods do you use and are most effective with your child?**

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**Is this child in any special classes at school? If yes, please explain**

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**Does this child receive any special services? If yes, please explain**

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**CAMPER DETAILS:**

This child's swimming ability is:  Good  Poor  Do not Know

Learning Disabilities:  Yes  No Reading Level: \_\_\_\_\_

Has the child attended a Royal Family Kids Camp before?  Yes, where? \_\_\_\_\_  No

**Camper T-Shirt Size:**  Child Small  Child Medium  Child Large  Adult Small  Adult Medium  Adult Large

**Describe your child's likes/interests:** \_\_\_\_\_

**Describe your child's dislikes:** \_\_\_\_\_

**Describe your child's personality:** \_\_\_\_\_

**HEALTH HISTORY**

*Indicate all known allergies, illness, disabilities, physical limitations or medical complications:*

Allergies \_\_\_\_\_

Illnesses/medical complications \_\_\_\_\_

Disabilities/Limitations \_\_\_\_\_

Leg or Arm Braces  Hearing Aids

Does your child need help with:

Bathroom  Yes  No Dressing  Yes  No Eating  Yes  No

Shower  Yes  No Physical Activities  Yes  No

*Indicate date of illness, severity, complications, and any residual impairments.*

Respiratory Problems _____	Hypoglycemia _____	Musculoskeletal Allergies _____
Heart or Circulation _____	Dizzy Spells _____	Foot _____
Pulmonary Edema _____	Back _____	Seizure Disorders _____
Hay Fever _____	Anaphylactic Shock _____	Poison Oak _____
Balance Problems _____	Diabetes _____	Fainting _____
Insect Bites _____	Drug Allergy _____	Other _____

**Health History Continued:**



supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp or elsewhere. This authorization will remain effective while the above minor is enroute to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Director of Royal Family as legal guardian/social worker/other. This authorization also allows for my child to be checked for head lice. I give my permission for \_\_\_\_\_ to attend Royal Family Kids' Camp in the summer of 2009 through [circle one] **Scottsdale Bible Church** or **CrossRoads Nazarene Church**. \_\_\_\_\_ Camper

Authorized Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Child's Medicaid # \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS**

I hereby give the Royal Family Kids' Camp Registered Nurse permission to administer the following products according to manufacturer's instructions, or as otherwise specified.

I trust the RFKC Registered Nurse to use her best judgment as situations arise, and if in doubt, he/she can call for verification.

Please check YES or NO for the medications listed blow. This form must be completely filled out by the primary caregiver who signs below, or camper may not attend camp.

YES	NO		Specify if desired:
<input type="checkbox"/>	<input type="checkbox"/>	Sunblock	_____
<input type="checkbox"/>	<input type="checkbox"/>	Insect repellent	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lip balm	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rash ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tylenol	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antiseptic ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Band-aids	_____
<input type="checkbox"/>	<input type="checkbox"/>	Anti-itch cream	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen peroxide	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough drops	_____
<input type="checkbox"/>	<input type="checkbox"/>	Decongestant	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antihistamine	_____
<input type="checkbox"/>	<input type="checkbox"/>	lipecac syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____

Parent or Legal Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

PO Name: \_\_\_\_\_

**WHISPERING HOPE RANCH FOUNDATION CONSENT AND LIABILITY RELEASE & PHOTO RELEASE**

PLEASE READ CAREFULLY BEFORE SIGNING. YOUR LEGAL RIGHTS ARE AFFECTED BY THIS CONSENT AND LIABILITY RELEASE.

**A signed release is required of all adults/minors before being granted access to the premises of Whispering Hope Ranch. The release must be completed by a parent/guardian if the participant(s) is/are under the age of 18.**

I hereby request Whispering Hope Ranch Foundation (“WHRF”) to grant me and/or my child(ren)/ward access to the premises and facilities of Whispering Hope Ranch (“WHR”), near Payson, Arizona. In consideration of, and as a condition to WHRF granting me this privilege, I as an individual and as a parent, custodian and/or legal guardian of a minor child(ren) or (“child(ren)/ward”), agree that:

1. The privilege of access is granted only to me and/or my child(ren)/ward;
2. I assume all risks of personal injury and/or injury to property inherent in visiting WHR, which is located in a wilderness area and which houses domesticated and undomesticated animals;
3. I release and hold WHRF and WHR harmless and waive any claim against them for any accident or injury to me and/or my child(ren)/ward and/or our property occurring on WHR premises;
4. I agree to pay all medical expenses incurred for myself and/or my child(ren)/ward arising out of any accident or injury occurring on WHR premises;
5. I agree not to file suit or make any claim against WHR and/or WHRF;
6. This release extends to all officers, directors, employees, servants, agents and assigns of WHRF;
7. I agree that this release applies to me, my child(ren)/ward, my family and any others who may want to assert a claim for accident or injury occurring while visiting WHR;
8. I am aware of the inherent risks associated with equine activities, and am willing and able to accept full responsibility for my and/or my child's(ren's)/ward's safety and welfare and release WHRF and/or WHR from liability;
9. I agree that Arizona law applies to this consent and it is to be interpreted in favor of releasing WHR and WHRF from liability.

**WHISPERING HOPE RANCH FOUNDATION PHOTO RELEASE**

I consent to and authorize the use and reproduction by Whispering Hope Ranch Foundation (“WHRF”) of any and all photographs and any other audio-visual materials taken of me and/or my child(ren)/ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program. I hereby waive any claim for remuneration for any WHRF of my and/or my child’s(ren’s)/ward’s likeness.

I DO **NOT** CONSENT TO THE PHOTO RELEASE.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

*Must be completed by a parent/guardian if the participant(s) is/are under the age of 18.*

Participant Name(s) - Please print.	Relationship – Please check.
1.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self
2.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self
3.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self
4.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self

Signature (Self/Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name (Self/Parent/Guardian): \_\_\_\_\_