

KIDZ CAMP REGISTRATION FORM

Peach Orchard Christian Retreat Center and Historic Campground

15712 Peach Orchard Rd. Silver Spring, MD 20905 301-384-3305

Kidz Camp Registration Form

Monday – Friday

9:00 – noon daily 3 & 4 years and 9:00 - 3:00 daily 5yrs. – 6th grade

Please complete this form in its entirety

Student Name:

Phone Number: _____ **Cell Number:** _____

Address:

City: _____ **State:** _____ **Zip:** _____

Home Church: _____ **Grade completed:** _____

Emergency Contact/Parent Legal Guardian:

Phone Number: _____ **Cell Number:** _____

Parental Permission

I hereby consent to allow my child _____ to participate in the Kidz Camp activities of the Maryland/Virginia Conference of the Free Methodist Church at Peach Orchard Christian Retreat Center and Historic Campgrounds. It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of accident or sickness, I hereby release the MD/VA Conference of the Free Methodist church its officers, staff, volunteers and chaperones, who are hereby released from any liability and all claims for injury or damages suffered by my child or me.

Signature (Parent/Legal Guardian): _____

Date: _____

Off Grounds Permission

Pre-teen (5th – 6th grades – leaving 5th - 6th grades not entering)

I hereby consent to allow my child:

_____ Grade: _____

To participate in the off ground activities and ride in the designated van provided for the activities with Kidz Camp staff during the week of Camp. I understand that Peach Orchard Retreat Center and Historic Campgrounds has made every effort to have responsible adults and a well maintained vehicle for my child to ride in, and I give my consent for my child to be transported by the appointed Kidz Camp Staff person.

Signature (Parent/Legal Guardian):

_____ Date: _____

Medical Information

Family Dr.'s name: _____ Dr.'s Phone #: _____

Insurance Co. _____ Policy #: _____

Any known allergies:

Does your child have any life threatening allergies? No _____ Yes _____ (if yes to what?)

Is your child bringing any medication with him/her? Yes _____ No _____

Does your child have any physical, emotional, or mental behavioral concerns or limitations that staff should be aware of? Yes _____ NO _____

If yes please explain:

In case of a medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give consent to a representative

of the Peach Orchard Christian Retreat Center and Historic Campgrounds to secure proper medical treatment, if necessary.

(Parents will be notified immediately of any medical emergency).

Signature of Parent/Legal Guardian:

Relationship to student: _____ Date: _____

Photo/Website Permission

I give my permission: I DO NOT give my permission:

for my child to be photographed during Kidz Camp.

I give my permission: I DO NOT give my permission:

for my child's picture to be shown at the slide show during Camp.

I give my permission: I DO NOT give my permission:

for my child's picture to be used on the Camp website.