

**CAMP REGISTRATION FORM**

DATE REGISTRATION FORM RECEIVED IN OFFICE \_\_\_\_\_

**SHEET 1 OF 7**

**Parent/Guardian Information**

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

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

T-Shirt Size (Please Write If Size is Adult/Child): \_\_\_\_\_

Can your child swim \_\_\_\_\_ Any physical restrictions or limitations? \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Child plans to attend the following week/weeks**

June 7-11  June 14-18  June 21-25  June 28- July2  July 12-16  July 19-23  July 26-30  August 2-6  August 9-13

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**SHEET 2 OF 7**

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_

T-Shirt Size (Please Write If Size is Adult/Child): \_\_\_\_\_

Can your child swim \_\_\_\_\_ Any physical restrictions or limitations? \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes? [ ] Yes [ ] No

**Child plans to attend the following week/weeks**

June 7-11  June 14-18  June 21-25  June 28- July2  July 12-16  July 19-23  July 26-30  August 2-6  August 9-13

**3rd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_

T-Shirt Size (Please Write If Size is Adult/Child): \_\_\_\_\_

Can your child swim \_\_\_\_\_ Any physical restrictions or limitations? \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Allergies: \_\_\_\_\_

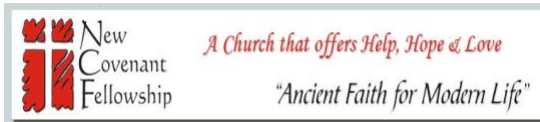
Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes? [ ] Yes [ ] No

**Child plans to attend the following week/weeks**

June 7-11  June 14-18  June 21-25  June 28- July2  July 12-16  July 19-23  July 26-30  August 2-6  August 9-13



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**Authorized Pickup Persons:**

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**Tuition / Payment Information:**

Camp Tuition: \$145 per week. This price includes all trip fees.

Camp T-shirts are \$5, please add this cost to your first week's tuition.

Deposit: A \$20 nonrefundable deposit per week per child is required to hold your slots. For example, if you had one child and wanted to sign up for all 9 weeks your deposit would be \$180. This deposit will be applied to your invoice for that specific week.

- **Camp space is limited and will be filled on first come first serve basis.**

If a camp week is full the child will be placed on a waiting list and you will be contacted if space becomes available.

- If your child plans to attend more than one week of camp; payment for the first week of camp should be made as of May 15 with Registration form. Payments for each additional week should be made by the Friday before camp begins the following week.
- Payment for children planning to attend one week of camp is due with the registration form by May 15

I give permission for my child / children to ride the New Covenant Fellowship (NCF) Bus or Van. I release NCF and individuals from liability in case of accident as long as normal safety procedures have been taken.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**CAMP REGISTRATION FORM**

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**Emergency Contact and Medical Information for a Child**

Child / Children's Name(s) \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

( ) \_\_\_\_\_

Home Phone

( ) \_\_\_\_\_

Work Phone

Parent's/Guardian's Name \_\_\_\_\_

( ) \_\_\_\_\_

Home Phone

( ) \_\_\_\_\_

Work Phone

Address \_\_\_\_\_

Address \_\_\_\_\_

City, ST, ZIP Code \_\_\_\_\_

City, ST, ZIP Code \_\_\_\_\_

**Alternative Emergency Contacts other than Parents**

Primary Emergency Contact \_\_\_\_\_

( ) \_\_\_\_\_

Home Phone

( ) \_\_\_\_\_

Work Phone

Secondary Emergency Contact \_\_\_\_\_

( ) \_\_\_\_\_

Home Phone

( ) \_\_\_\_\_

Work Phone

Address \_\_\_\_\_

Address \_\_\_\_\_

City, ST, ZIP Code \_\_\_\_\_

City, ST, ZIP Code \_\_\_\_\_

**Medical Information**

Hospital/Clinic Preference \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Allergies/Special Health Considerations \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies **only in the event that neither parent/guardian can be reached in the case of an emergency.**

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

# NEW COVENANT FELLOWSHIP

NCF is pleased to have you join our summer day camp program. We are glad that you are here instead of lounging in front of some computer or video game and we will try to make your experience here as exciting and interesting as possible. NCF is in no way trying to compete with or become like the world and the things you may see in it. We offer so much more; through Jesus you can experience eternal things now in your life. Jesus can change your circumstances now and forever. It is up to you! That in itself is the most exciting news I can think of.

NCF also is adamant about providing a safe environment for everyone who attends, and this agreement will further this effort. May God bless you as we partner together to introduce you and others to the love of God through His Son Jesus Christ.

By signing the following I agree to:

- Respect myself, my peers and those who are my elders.
- Respect the Church property (ie trash, furniture, the structure itself.)
- All food will be eaten in the Fellowship Hall unless otherwise approved.
- Dress Code: Same as the Schools you attend. Respect yourself and others.
- Cell phones and electronics are allowed, but the NCF staff has the right to take all electronics if the privilege is being abused.
- Understand that NCF offers you a privilege and not a right to be here. The leadership of NCF will have final authority on all matters that may arise.
- Trips are no different than being here on NCF grounds and I will obey the rules as stated by the leadership.
- You are generally expected to conduct yourself according to Biblical standards.
- No inappropriate contact with the opposite sex.

My parents or guardians and I have read the agreement and will do our best to see that the guidelines are kept in accordance with the agreement:

Student (print and sign) -----

Parent (print and sign) -----

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SHEET 6 OF 7

*New Covenant Fellowship Summer Camp Program*

- **Camp space is limited and will be filled on first come first serve basis.**

If a camp week is full the child will be placed on a waiting list and you will be contacted if space becomes available. Camp is \$145 per week, this price includes all trip fees.

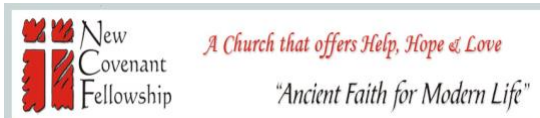
- If your child plans to attend more than one week of camp, payment for the first week of camp should be made as of May 15 with Registration form. Payments for each additional week should be made by the Friday before camp begins the following week.
- Payment for children planning to attend one week of camp is due with the registration form by May 15.
- Camp begins at 7:00am. Children should be picked up by 6pm
- Campers will need to bring a bag lunch daily. Snacks will be provided.
- Campers will need to bring the following:
  - Bathing suit
  - Towel
  - Sunscreen
  - Water Bottle

**Registration forms can be mailed to the church office at:**

New Covenant Fellowship  
1305 Hulseley Road  
Carthage, NC 28327

**Or by email:** [kylar@ncftoday.com](mailto:kylar@ncftoday.com)

Church office: 910-947-1412



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**WAIVER/RELEASE-COMMUNICABLE DISEASES & COVID-19**

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19**

**ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate on behalf of New Covenant Fellowship Summer Camp and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (New Covenant Fellowship Summer Camp) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH,
  1. or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of participant: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

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

# Child Care Medication Authorization Form

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Name of Child: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time/Frequency: \_\_\_\_\_

Route:     Oral     Topical     Inhaled     Injection     Other

Date to Start: \_\_\_\_\_ Date to stop: \_\_\_\_\_ Expiration: \_\_\_\_\_

Additional Instructions/Comments: \_\_\_\_\_

Known side effects: \_\_\_\_\_

## FOR PRESCRIPTION MEDICATION

Prescribing Health Care Provider: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## FOR CONTROLLED SUBSTANCES

Amount of Medication Received: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

I authorize (*child care center*) \_\_\_\_\_ personnel to administer the medication named above to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

Parent/guardian printed name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

## RETURN OR DISPOSAL OF MEDICATION

Return Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Disposal Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Witness to Disposal: \_\_\_\_\_





## Permission to Administer Topical Ointment/Lotion/Powder

*Authorization must be provided for staff to apply over-the-counter, topical ointments, insect repellents, lotions, creams, and powders, such as sunscreen.*

*Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.*

Child's Name: \_\_\_\_\_

Name of Ointment: \_\_\_\_\_ Amount: \_\_\_\_\_

From : \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_ *Permission may be given for up to 12 months*

Apply to:

- |   |  |
|---|--|
| <input type="checkbox"/> all exposed skin | <input type="checkbox"/> diaper area           |
| <input type="checkbox"/> face only        | <input type="checkbox"/> other (specify) _____ |

When:

- |  |   |
|--|---|
| <input type="checkbox"/> before going outside in the afternoon | <input type="checkbox"/> after a bowel movement |
| <input type="checkbox"/> after each diaper change              | <input type="checkbox"/> other (specify) _____  |

I give permission to my child care provider to apply the medication listed above as instructed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date