


# Royal Family Kids' Camp™

7-12 YEAR OLDS

**July 9-13, 2018**

Sponsored by Cedar Park Church

16300 112<sup>th</sup> Ave. NE

Bothell, WA 98011

425-488-3600 ext. 1125 Fax: 425-939-1444 [rfkc@cedarpark.org](mailto:rfkc@cedarpark.org)

**Return Completed Application**

**to:**

Cedar Park Church

Attn: Carolyn Winter

16300 112<sup>th</sup> Ave. NE

Bothell, WA 98011

**Please enclose a photo  
of the camper.**

## 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	Birthdate
Street	Age		Current Emotional Age	
City	Zip	School	Grade	Reading level
The child is living with: (Check one) <input type="checkbox"/> Foster Parent <input type="checkbox"/> Group Home <input type="checkbox"/> Relative				
Name(s) of person(s) the child is living with				
( ) Home Phone:	( ) Work Phone		( ) Home Phone	
Email Address: _____				
Emergency Contact			( ) Phone	
Relationship to Child				
Social Worker	Email Address		( ) Phone Number	
Moved in Foster Placement how many times? _____				

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

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## CAMPER'S EMOTIONAL/BEHAVIORAL HISTORY

	Often	Sometimes	Not at all		Often	Sometimes	Not at all
Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Night Terrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Runs Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Acting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning & Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details from above: \_\_\_\_\_

### 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 Medium     Child Large     Adult Small     Adult Medium     Adult Large

### 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      Eating Disorder     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 _____

Details from above: \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

Any specific activities to be restricted? \_\_\_\_\_

### IMMUNIZATION HISTORY:

*Please fill in dates of basic immunizations and most recent booster as best as you can.*

DTP Series _____	Booster _____	Tetanus Booster _____	Polio OPV (Sabin) _____
Typhoid _____		Measles Vaccine (live) _____	Tuberculin (TB) Test _____
German Measles (Rubella) _____		Mumps Vaccine (live) _____	Small Pox _____

**PRESCRIPTION MEDICATIONS:** *All medication sent to camp must be in original container with the pharmacy label on it.*

Is your child taking any medications?     No     Yes, please fill in the following

1. Name \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

2. Name \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

3. Name \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

What is (are) the medication(s) for: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

*Please add any other comments related to HEALTH and MEDICATIONS on an additional sheet.*

I understand that it is my responsibility as caregiver to make sure that all instructions are clear and that the necessary dosage is adequately supplied for the duration of camp. I hereby authorize RFKC's nurse to administer the above medication from \_\_\_\_\_ to \_\_\_\_\_.  
Date Date

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Please check YES or NO to indicate **if the camp nurse may administer the items/ medications listed below**. 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"/> | Sun block           |
| <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"/> | Ipecac syrup        |
| <input type="checkbox"/> | <input type="checkbox"/> | Melatonin           |
| <input type="checkbox"/> | <input type="checkbox"/> | Other               |
| <input type="checkbox"/> | <input type="checkbox"/> | Other               |
| <input type="checkbox"/> | <input type="checkbox"/> | Other               |

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

Printed Name: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Person Authorized to pick-up child \_\_\_\_\_

**WAIVER AND RELEASE FROM LIABILITY  
(TO BE COMPLETED BY PARTICIPANT)**

This Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 2018 between Royal Family Kids Camp ("RFKC") and \_\_\_\_\_ ("Participant").

1. Subject. Participant recognizes and expressly agrees that participating in physical activities, such as basketball, swimming and its related activities may expose the Participant to injury and other risks. Further, Participant recognizes that certain safety precautions must be followed, yet even strict adherence to those procedures does not guarantee nor does Cedar Park guarantee Participant's safety.
2. Waiver and Release from Liability. Participant understands that RFKC assumes no responsibility for injuries or illnesses that Participant may sustain a) as a result of Participant's physical condition, b) resulting from Participant's participation in this activity, c) as a result of another participant's or third person's actions, or d) as a result of Participant's use of RFKC's facilities, field and/or equipment in connection with this activity.

The Participant releases and agrees to hold harmless, defend and indemnify RFKC and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of RFKC) that the Participant may suffer as a result of the Child's participation in this activity.

3. Medical Consent. Participant grants permission to RFKC and its employees and agents to take the Participant to a licensed physician for medical treatment, emergency surgery, or hospitalization if Participant becomes ill, sustains an injury, or otherwise requires medical treatment or attention and RFKC are unable to contact the Emergency Contact listed by Participant. The Participant gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Participant's life or health. Participant further authorizes RFKC to give first aid, CPR or other treatment by a qualified staff member to Participant.
4. Property Loss. Participant understands and agrees that RFKC is not responsible for personal property that is lost, damaged, or stolen in connection with this activity.
5. Binding Effect. This Agreement shall be binding upon Participant, his or her heirs, estate, successors, and legal representatives.
6. Entire Agreement. This Agreement represents the entire agreement between the parties. This Agreement shall not be modified or amended except by an agreement in writing signed by both parties.
7. Acceptance. If any portions of this waiver and release are held to be invalid, Participant agrees that the remaining terms shall continue to be in full legal force and effect. Participant understands and agrees that this Waiver and Release is binding upon me and my heirs, estates and legal representatives.

THIS DOCUMENT CONTAINS A RELEASE AND WAIVER OF LIABILITY. PLEASE READ IT CAREFULLY BEFORE SIGNING.

I have read and voluntarily signed this Waiver and Release from Liability.

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

\_\_\_\_\_  
Date

**RELEASE: PAYMENT OF EXPENSES; MEDICAL CONSENT**

1. The undersigned parent(s) or legal guardian(s) grants permission for their foster son or daughter ("Child") to participate in all of Royal Family Kids Camps ("RFKC") activities, including use of the playground equipment and field trips off of the Camp and Church grounds.
2. The undersigned parent(s) or legal guardian(s) grants permission to the RFKC and its employees and agents to take the Child to a licensed physician for medical treatment, emergency surgery, or hospitalization if Child becomes ill, sustains an injury, or otherwise requires medical treatment or attention and the RFKC are unable to contact the undersigned parent(s) or legal guardian(s). The undersigned parent(s) or legal guardian(s) gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Child's life or health.
3. The undersigned parent(s) or legal guardian(s) agrees to assume the responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of the Child.
4. The undersigned parent(s) or legal guardian(s) releases and agrees to hold harmless, defend and indemnify the RFKC and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of the RFKC) that the Child or the Parent may suffer as a result of the Child's participation and/or enrollment at the Camps.

**PLEASE READ CAREFULLY. THIS DOCUMENT CONTAINS A RELEASE AND WAIVER OF LIABILITY.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



**PLEASE NO CAMERAS OR MONEY. THESE ITEMS ARE NOT NEEDED AT CAMP.**