2020 KIRKWOOD REGISTRATION

Kirkwood | 5719 W State Route 73, Wilmington, OH 45177

WWW.CAMPKIRKWOOD.NET | (937) 382-3535

Please fill out both sides

CAMPER'S FULL NAME *(please print)* _____

EMAIL ADDRESS_____ GRADE IN FALL_____

T-SHIRT SIZE *(circle one)* Youth Sizes: YS YM YL Adult Sizes: AS AM AL AXL AXXL

HOME CHURCH_____ CITY _____

CABIN-MATE PREFERENCE _____

or Parent/Guardian attending for New Beginner's Camp

Please select the camp that you would like to attend.

☐	JULY 2 & 3	NEW BEGINNING CAMP (Grades K-2) **Parent/Guardian must attend *Cost includes Parent / Guardian*	$50
☐	JUN 28-JUL 1	NEW ADVENTURE CAMP (Grades 3-4)	$100
☐	JUNE 21-26	JUNIOR CAMP (Grades 5-6)	$150
☐	JUNE 14-19	JUNIOR HIGH CAMP (Grades 7-9)	$150
☐	JULY 5-10	SENIOR HIGH CAMP (Grades 9-12)	$150

I grant permission to Kirkwood the right to photograph _____ (camper's name) and use his/her still picture or video in publications or other media material used, produced, or contracted by Kirkwood including but not limited to brochures, informational materials, websites, PSAs, annual reports, etc. I understand I will not receive payment for this.

Signature: _____ Date: _____

TO REGISTER: Complete both pages of this form (Registration and the Health & Power of Attorney form). No deposit is due upon registration. The balance (less discounts if applicable) is due on or before check-in.

QUESTIONS: Please email director@campkirkwood.net or call (937) 382-3535 with any questions.

Mail completed forms to:
Kirkwood, 5719 W State Route 73, Wilmington, OH 45177

HEALTH REQUIREMENTS & MEDICAL EMERGENCY CONTACT FORM

NAME	DATE OF BIRTH	( ) FEMALE ( ) MALE

ADDRESS	CITY	STATE	ZIP

CAMP ATTENDING	DATES	GRADE IN FALL

MOTHER'S NAME	FATHER'S NAME
ADDRESS (IF DIFFERENT THAN ABOVE)	ADDRESS (IF DIFFERENT THAN ABOVE)
MAIN (____) _____ CELL (____) _____	MAIN (____) _____ CELL (____) _____
OTHER EMERGENCY CONTACT	PHONE
PHYSICIAN NAME	PHONE

INSURANCE COMPANY & POLICY NUMBER

IMMUNIZATIONS	CONDITIONS/ALLERGIES		ILLNESSES
( ) Diptheria	( ) Asthma	( ) Seizures	In the past two weeks:
( ) Whooping Cough	( ) Epilepsy	( ) Sleepwalking	( ) Flu
( ) Polio	( ) Heart	( ) Recent Surgery:	( ) Chicken Pox
( ) MMR	( ) Diabetes		( ) Sore Throat
( ) Tetanus DATE:	( ) Fainting	( ) Allergies:	( ) Other:

OTHER PRECAUTIONS, MEDICAL CONDITIONS, OR MEDICATIONS (WITH DIRECTIONS)

LIMITED POWER OF ATTORNEY: CONSENT OF TREATMENT OF MINOR AND RELEASE OF LIABILITY

1. I/We, the undersigned, hereby appoint Kirkwood and each of its authorized agents, each to act alone, and to delegate to the same power to consent on our behalf to all emergency treatment and/or any medical care (except elective surgery) of _____ determined to be necessary or desirable by our child's attending physician at the hospital in which emergency treatment and/or medical care is sought.

2. I/We, the undersigned, give permission to Kirkwood and each of its authorized agents to administer over-the-counter medication to _____ should this be deemed necessary. Additionally, all physician–prescribed medications will be dispensed to the camper only if the prescription is contained in its original prescription bottle and only for the exact dosage prescribed on the bottle by the physician.

3. This Power of Attorney shall continue until revoked by the undersigned, or for one (1) year after its date, whichever is earlier. The attending physician(s) or the attending hospital's medical staff may assume and rely that this authorization is currently in effect during such one (1) year unless notified.

4. I/We, the undersigned, release Kirkwood and any of its authorized agents from any obligation or liability, actual or implied, concerning their use of the limited purpose power of attorney.

5. The undersigned certify that they have read the Power of Attorney and Release of Liability Form (or had it read to them) and that they understand the same

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

WITNESS' SIGNATURE _____ DATE _____

WITNESS' ADDRESS _____

CITY _____ STATE _____ ZIP _____

WITNESS' PHONE NUMBER (_____) _____