

# CAMP KROC Camper Info Form



Please complete one form in full per child.

CAMPER NAME \_\_\_\_\_  MALE  FEMALE

DATE OF BIRTH \_\_\_\_\_ AGE ON FIRST DAY OF CAMP \_\_\_\_\_

SCHOOL \_\_\_\_\_

GRADE LAST COMPLETED \_\_\_\_\_

HOW DID YOU HEAR ABOUT CAMP KROC? \_\_\_\_\_

## T-SHIRT SIZE OF CAMPER:

### YOUTH:

- XS
- S
- M
- L

### ADULT:

- XS
- S
- M
- L

## PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1 NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  CELL  HOME

EMAIL (REQUIRED) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN 2 NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  CELL  HOME

EMAIL (REQUIRED) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CHECK IF SAME AS ABOVE

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## EMERGENCY CONTACTS & PICK-UP AUTHORIZATION (IN ADDITION TO GUARDIANS)

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  CELL  HOME

THIS PERSON IS AUTHORIZED TO PICK UP MY CAMPER(S)

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  CELL  HOME

THIS PERSON IS AUTHORIZED TO PICK UP MY CAMPER(S)

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  CELL  HOME

THIS PERSON IS AUTHORIZED TO PICK UP MY CAMPER(S)

## ANY ADDITIONAL PEOPLE WHO ARE APPROVED TO PICK UP YOUR CAMPER(S)

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  CELL  HOME

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  CELL  HOME

(Continued on opposite side)

# CAMP KROC Camper Info Form (cont'd)



## LATE PICK UP POLICY

It is important that you are on time when picking up your child(ren). There will be a \$10 late fee charged after the first five minutes and \$2 for each additional minute per child. Your child(ren) will be in the Arts and Education Department if you are late picking them up. Parents are responsible for the late fee no later than the following morning if the designated person is late in picking up your child(ren). Children will not be allowed to attend the program if the late fee is not paid by the following morning.

I understand the above policy and why there is a need for it.

## FIELD TRIPS

Please mark the circle next to your preference.

I understand that camp activities include weekly field trips conducted off the Kroc Center campus under adult supervision. Therefore, I:

- do give permission for my child to participate in Salvation Army activities conducted off the Kroc Center campus.
- do NOT give permission for my child to participate in Salvation Army activities conducted off the Kroc Center campus, and I understand that Camp Kroc will not provide child care for those not participating in off-site field trips

## CAMPER RELEASE POLICY

It is our intent that children attending camp do so for the entire day. There are, however, emergency situations when campers must leave early. In those cases, campers will be released to a legal parent/guardian whose name appears on the Camper's Information Form. Campers WILL NOT be released to any other person without **written consent** signed by the legal parent/guardian **and prior notification** to the day camp office: 773.995.0151 Thank you for your cooperation with this policy intended to promote your child's safety.

## INFORMED CONSENT POLICY

We are concerned with your child's safety and well-being. Camp activities involve risk. Activities involving risk can help a child grow in confidence and expand their life experience. Camp policy requires a parent/guardian's approval to allow their child's participation in "high-adventure" activities. This policy applies only to high risk activities. Other inherent risks exist in the camp experience and environment and are not addressed in this policy. Not all activities are conducted at every camp. High-adventure activities may include: archery, climbing wall, swimming, sports, recreation and waterslide rides.

Please list any activities you prohibit your child from participating in:

## PHOTO/VIDEO RELEASE

On occasion, The Salvation Army and our partner organizations take photographs or make an audio or videotape recording of children and/or adults involved in unit activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. Such photographs and audio/visual recordings may be used in The Salvation Army's publications, social media, or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events; and The Salvation Army may invite or allow them to photograph or record our events for news reporting on special interest features. I consent the use of any such audio or visual record of the child named above or myself, if I am participating, to be used, distributed, or displayed as agents of The Salvation Army see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for my child to be interviewed by the news media or for such photographs and other audio or visual records to be used by the news media.

## PARENT/GUARDIAN AUTHORIZATION

This health history is correct to the best of my knowledge. The person herein described has permission to engage in all prescribed camp activities except as noted above. I have reviewed and consent to the Camper Release Policy and the camper Code of Conduct. **Parents will be notified immediately of any camper injury or illness requiring off-site treatment or removal from camp activities for more than a four-hour period.** Please check one of the following boxes:

- I do give permission to The Salvation Army, which is licensed by the State of Illinois, to secure emergency medical and surgical treatment (including, but not limited to: x-rays, routine tests, injections and anesthesia) and hospitalization of this child if there is insufficient time to contact me. I further authorize routine, non-surgical medical care (including dispensing of non-prescription drugs for illness, injury treatment, insect bites, repellent, sunscreen, etc.) at the discretion of the camp health officer or other first-aid certified staff.
- I do NOT give permission to The Salvation Army to secure emergency medical and surgical treatment for this child due to my religious objection. If there is a religious objection, the authorized person must submit a written statement to the effect that the camper is in good health and that the person signing assumes the health responsibility for the camper.

**By signing this waiver, I agree to its contents and am aware that I am giving up certain legal rights, including the right to sue The Salvation Army.**

NAME OF PARENT/LEGAL GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_