

For Office Use Only

- ____ Received
- ____ Meds
- ____ Shirt Size
- ____ Shoe Size
- ____ Clothing Size

Royal Family Kids' Camp
For Foster Children
7-11 years old

Sponsored by
Faith Assembly Christian Center
509.582.6088

August 10-14, 2009

REGISTRATION FORM

Return Completed Application to:

RFKC, Pasco Camper Registration
 PO Box 2403
 Pasco WA 99302-2403

Please enclose a photo of the camper.
First Time Campers, include copy of birth certificate.

Instructions: *Please Print.* This form must be **completely** filled out in order to consider your child registered. The information is vital to the health and well being of the child. Your application will be returned to you if it is not complete

Child's Last Name _____ First Name _____ Preferred Name _____ Gender _____ Birth date _____

Street _____ Age _____ Current Emotional Age _____

City _____ Zip _____ School _____ Grade _____

The child is living with: (Check one) Foster Parent Group Home Relative _____
Relationship

Name(s) of person(s) the child is living with _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

Relationship to Child _____

Social Worker Signature _____ Day Phone Number _____

Moved in Foster Placement how many times? _____

RFKC is a specialized Camp for children who have been victims of abuse, abandonment or neglect. How does this Camp apply to your child? Please explain: _____

CAMPER'S EMOTIONAL/BEHAVIOR 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"/>
Hoarding Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Argumentative/Defiant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boundary Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physically Assaults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details from above: _____

Anything else we should know about this Camper? _____

Does this child have siblings in foster care? Yes No How many? _____ Ages _____

Do they live with this child? Yes No If in a different home, are they able to be contacted for Camp? Yes No

CAMPER DETAILS

This child's swimming ability is: Good Poor Unable to swim Do not know
Learning Disabilities: Yes No Reading Level: _____
Has the child attended a Royal Family Kids' Camp before? No Yes, where? _____
Camper T-Shirt Size: Child Medium Child Large Adult Medium Adult Large Other Size _____
Camper Shoe Size: _____

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 impairment.

_____ Respiratory Problems	_____ Hypoglycemia	_____ Musculoskeletal
_____ 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.

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

PRESCRIPTION MEDICINES 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: _____
4. Name _____ Dosage: _____ Times: _____

Use additional paper if required.

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 Royal Family Kids' Camp's Nurse to administer the above medication from **August 10, 2009 – August 14, 2009.**

Parent or Legal Guardian Signature

Printed Name

Date

Salvation Army Liability Release Form

Purpose. This document informs the participants and/or legal guardians of specific issues requiring consent during Challenge Course Programs at the Salvation Army.

1. Release of Indemnification
2. Policy for Pregnant Women

Condition. Participant is required to sign this document to acknowledge understanding and agreement of the content. If the participant is less than 18 years of age, the parent or guardian is required to sign.

Release and Indemnification The undersigned participant and parent or guardian acknowledge that The Salvation Army, as part of its recreational, physical and outdoor educational program at this facility has created a challenge course designed to enhance the coordination and physical condition of participants. The undersigned persons acknowledge further that The Salvation Army has taken reasonable precautions to assure that its education program will provide a safe experience for participants. The undersigned also acknowledge that the program requires physical exertion and strenuous effort - participants should physically fit to participate in the program. The undersigned also acknowledge that with particular reference to the Climbing Tower and Zip line, participant will be wearing a harness as part of a safety system designed to mitigate injury from any fall.

The undersigned persons acknowledge and agree that neither The Salvation Army nor any facilitator or employee of The Salvation Army shall be held liable for any occurrence in connection with the education programs that may result in injury of other damage to the undersigned participant, and the undersigned further agree to indemnify and hold harmless The Salvation Army and all persons associated with it from any claim by the undersigned participant or his/her family, estate or heirs arising out of participant's enrollment and participation in any recreational or educational program of The Salvation Army.

The undersigned persons further acknowledge that enrollment in The Salvation Army challenge course, recreational or outdoor educational program is entirely voluntary, and that in consideration of being able to enroll and participate in a course, the undersigned persons hereby assume all risks related to the course for any injury or damage to person or property that may result while the undersigned participant is enrolled in the course and the undersigned assume all risks connected with participation in the course, whether foreseen or unforeseen.

Policy for Pregnant Women: Women who are pregnant are invited to participate in Team and Low Challenges, Initiatives, Games and other activities associated with the Outdoor Educational program. The woman and the facilitator will discuss safety issues of each activity and let the mother of the unborn child decide whether or not the activity compromises their safety. Pregnant women are prohibited from climbing on the Climbing Tower. Pregnant women will not be harnessed.

Appropriate signatures are required before participant can partake in Challenge Course and/or Outdoor Education Program activities.

Print Name (of participant, Camper)

Print Name of Parent/Guardian (if under 18)

Signature of Parent/Guardian

Date

Address

Phone Number