

**For Office Use Only**

\_\_\_\_ Received  
\_\_\_\_ Meds  
\_\_\_\_ Shirt Size  
\_\_\_\_ Shoe Size

**Royal Family Kids' Camp  
For Foster Children  
7-11 years old  
Sponsored by  
Faith Assembly Christian Center  
509.582.6088**

**Return Completed Application to:**

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

*Please enclose a photo of the camper.*

**August 10-15, 2008**

**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 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. Why does your child need to be here? 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	Withdrawn	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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

**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	_____ 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	_____ 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, 2008 through August 15, 2008.**

\_\_\_\_\_  
Parent or Legal Guardian Signature Printed Name Date

# Medical Release Form

This health history is correct so far as I know, and the above named minor has permission to engage in all prescribed program activities, except as noted. The undersigned do hereby authorize the directors of Royal Kids Camp or such substitute as they may designate as agent for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp or elsewhere. This authorization will remain effective while the above minor is en route to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Director of Royal Family as legal guardian/social worker/other. I give my permission for \_\_\_\_\_ to attend Royal Family Kids' Camp in the summer of **2008** through Faith Assembly Christian Center.

Authorized Signature	Printed Name	Date
Child's Name: _____	Child's Birth date: _____	
Relationship to Child _____	Child's Medicaid # _____	

## Permission to Administer Over the Counter Medications

I hereby give the Royal Family Kids' Camp Registered Nurse permission to administer the following products according to manufacturer's instructions, or as otherwise specified.

I trust the RFKC Registered Nurse to use her best judgment as situations arise, and if in doubt, he/she can call for verification.

Please check YES or NO for the medications listed blow. 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"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____

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

Printed Name: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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# 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, 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.**

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Print Name (of participant)

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Signature of participant

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Date

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Print Name of Parent/Guardian (if under 18)

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Signature of parent/guardian

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Date

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Address

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Phone Number