



KIDS CAMP 2021

FOR STUDENTS GOING INTO 3RD, 4TH, & 5TH GRADE
JULY 29 - AUGUST 1

Early Sign Up

\$100 per student

Payment & Registration must be in by June 30th

Late Sign Up

\$125 per student

Payment & Registration must be in by July 15th

July 15th - LAST DAY TO SIGN UP!



TO REGISTER OR IF YOU HAVE QUESTIONS

CONTACT KIM SHAFFER

541-538-0064 / CHILDREN@EPCBC.ORG

Scholarships Available - Contact Kim

-----Authorization for Medication-----

Child's Name _____ Birth date _____

Age _____ Allergies _____

Name of 1st medication:

Dose and Time to be given:

Name of 2nd medication:

Dose and Time to be given:

THIRD MEDICATION (If there is a third medication, please check the box, and write the name and dosage on the back of this page)

If prescribed on an "as needed" basis, please provide detail:

Side effects if any:

Please indicate if this medication is **PRESCRIPTION MEDICATION**: Yes No

If yes, is the medication in the original container with the prescription label:
 Yes No (if NO is checked, physician authorization form is required.)

I am the legal guardian of the child listed above. I hereby give my permission for the administration of the medication(s) listed above in the dosage and directions I have provided to be given to my child by the staff of EPCBC Kids Camp. I have provided accurate information and have submitted Physician Authorization if necessary. I give this permission for today's date, July, 29 2021 continued through August 1, 2021

Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

For EPCBC check-out use	
Medications Returned to Guardian:	YES NO If no, reason: _____
Guardian Signature: _____	Staff Initials: _____

EPCBC Kids Camp Safe Pick Up List

Childs Name (Include Siblings at Camp)

First _____ Last _____

First _____ Last _____

First _____ Last _____

Legal Guardian's name

First _____ Last _____

First _____ Last _____

Address:

Street _____ City _____

State _____ Zip Code _____ Phone _____

Date: July 29, 2021

Event: Eagle Point Community Bible Church Kids Camp

I understand that the individuals listed will be allowed to pick up my child(ren) listed above on August 1, 2021. I hereby give my permission to Eagle Point Community Bible church to release custody of the above named children to these individuals.

First Name: _____ Last Name: _____

Phone Number: _____ Phone Number: _____

Relationship to Child: _____

First Name: _____ Last Name: _____

Phone Number: _____ Phone Number: _____

Relationship to Child: _____

For EPCBC check-out use

Guardian Signature _____

Name _____

July 29 - August 1, 2021

Activities Agreement – Kids Camp 2021

As parent or legal guardian, I grant permission for _____ to attend the following outing with Eagle Point Community Bible Church ("EPCBC"):

Medical Information and Authority

As the above-named child's parent or legal guardian, I authorize Eagle Point Community Bible Church and/or its representative or agent to authorize all necessary medical, dental, and/or hospital treatment in the event of accident, illness, or injury to the above-named child.

Health Insurance: _____ Policy # _____

Group # _____

Name Insured: _____ Primary Care Physician: _____

Physician's Phone _____

In case of emergency contact name and phone#: _____

Please list and explain any allergies, medications, dietary restrictions, the date of the child's last Tetanus shot, and any other pertinent medical information. *Any prescribed medications will need to be accompanied with a prescription authorization form.*

On behalf of my minor child participant who is under 18 years of age, being reasonably and duly aware of the risks and hazards inherent in participating in such activities, I agree to release, forever discharge, and agree to hold harmless EPCBC, its Board of Directors, employees, and volunteers from any and all claims, demands, actions, or causes of action which may arise due to personal injury, sickness, death, or property damage as a result of the child's participation in the designated event or activity, travel to or from said event, or any actions of the associated agents of EPCBC. This agreement includes all actions performed by EPCBC or its agents, including but not limited to negligent acts.

If the participant needs to return home due to medical reasons, disciplinary actions, or otherwise at the sole discretion of EPCBC or its agents, we/I agree to pay for all costs associated with such transportation. Furthermore, if the above-named child takes alternate transportation in association with the event or activity, I accept all risks associated with such transportation. This agreement fully applies to such travel and its inherent risks.

The above-named child has my permission to participate in the above named EPCBC event or activity. I freely, voluntarily, and expressly accept and assume the risks and expenses associated with this event or activity and associated travel.

While involved with the named event or activity, the above-named child is under the authority and direction of the agents of EPCBC. I understand that the use or possession of alcoholic beverages, illegal drugs, tobacco products, fireworks, firearms, foul language and abusive or lewd behavior are strictly prohibited. The event or activity will be conducted in accordance with the standards set forth by the leadership of EPCBC. I understand that any variance from these standards will result in immediate expulsion, and I may be required to pick up the child immediately at my own expense. I understand that this event or activity is being conducted by a Christian organization, and will include a spiritual emphasis, and further agree to allow my child to fully participate.

While participating in the previously mentioned activity, I understand that pictures and videos of the group may be taken. The purpose of these photos and videos may include, but not be limited to, event promotional media, trip summaries, newsletters, etc. This media may also be posted on the church website/social networking pages.

I have read, understand, and have discussed the implications of this form with my child. My child and I both agree to comply fully with a requirement enumerated in this agreement.

Print Participant Name: _____ Signature: _____

Parent/Guardian Name: _____ Signature: _____

Parent/Guardian Name: _____ Signature: _____

Date: _____

Home Phone: _____ Work/Cell Phone: _____

Alternate Contact Name: _____ Phone: _____

Authorization to Release

Your child will only be released to the individual listed as parent or legal guardian. If you would like to authorize another individual or individuals to pick up your child, please list the persons here.

Name: _____ Relationship to child _____

Name: _____ Relationship to child _____

Name: _____ Relationship to child _____

I understand that the individuals listed above will be allowed to pick up the above-named child. I give my full permission to EPCBC to release custody of the above-named child to these individuals.

Parent/Legal Guardian Name: _____

Phone Number: _____ Date: _____

Signature: _____