

Counselor In Training 2010 Registration Form

Use this form for one CIT only. **This form must be filled out by the legal guardian of the listed CIT.**



GENERAL INFORMATION

CITs name _____
 address _____
 city _____ state _____ zip _____
 home number _____
 birth date _____ next grade in school _____ boy girl
 school attended _____
 father/guardian's name _____
 place of employment _____ work number _____
 cell number _____ email _____
 mother/guardian's name _____
 place of employment _____ work number _____
 cell number _____ email _____
 this CIT lives with: both parents father mother other

PERSONS AUTHORIZED TO PICK UP CIT (other than parents):

1. _____ phone number _____
 2. _____ phone number _____

EMERGENCY CONTACT INFORMATION

In the case of an emergency, Discover Church will contact the parent or legal guardian immediately. In case we are unable to reach you, please list a secondary contact person who we can call. This contact person must be someone not living in the same household.

name _____
 day phone _____ evening phone _____
 relationship _____

MEDICAL INFORMATION

health history (give approximate dates of occurrences, and indicate severity)

MEDICAL CONDITIONS heart defect/disease _____ convulsions _____ diabetes _____ bleeding/clotting disorders _____ other _____ _____ _____	MEDICATIONS prescription medication (see medication policy) _____ _____ reason for taking above medication _____ _____ _____
ALLERGIES asthma _____ allergic to red dye _____ lactose intolerant _____ other allergies (food, animals, insects, etc.) _____ _____ _____	LIST ANY MEDICATION ALLERGIES: _____ _____ _____ ARE IMMUNIZATIONS CURRENT? <input type="checkbox"/> yes <input type="checkbox"/> no
LIMITATIONS physical limitations (describe) _____ _____ _____ psychiatric treatment _____ mental limitations (describe) _____ _____ _____	OTHER DETAILS: _____ _____ Are there any activities from which this camper should be restricted? _____ _____ _____
MEDICAL INSURANCE family physician _____ phone _____ Do you carry family medical/hospital insurance? <input type="checkbox"/> yes <input type="checkbox"/> no carrier name _____ phone _____ group policy number _____ Name of insured _____	

This form must be signed to register.

Forms that are not complete will not be processed. Admittance is not confirmed until this registration form is completed and approved and the registration fee, if applicable, is received.

I, the undersigned, a parent or guardian having legal custody of the above-named minor, certifies that the health history above is correct as far as I know, and the person listed above has permission to attend Camp KGB and to engage in all camp activities except as noted.

I, the undersigned, hereby agree to release and for ever waive any claim which may arise against Discover Church Ministries, Inc., its employees or volunteers for the services rendered during any Camp KGB 2010 event or activity. Furthermore, this release specifically includes all claims and demands of whatever nature, actions, cause of actions, repairs, damages, costs, loss of services, expenses, and compensation on account of or in any way growing out of personal injuries, illnesses, and/or property damage having already resulted or to result at any time in the future, whether or not contemplated at the present time or whether or not they arise following the execution of this release. This release agreement expresses a full and complete release of any liability, past or future, which may be claimed against Discover Church Ministries, Inc., its trustees, officers, employees, and any volunteers.

I, the undersigned, give permission for the above-named CIT to be transported in the vehicles provided by Discover Church Ministries, Inc. and its agents and employees and agree to release Discover Church Ministries, Inc. and its agents and employees from liability for injury or damage to the above-named minor and his/her property while being transported to and from the program center. I will hold Discover Church Ministries, Inc. harmless from liability for any amounts which are not covered by Camp KGB covering my CIT.

I, the undersigned, hereby authorize Discover Church Ministries, Inc., into whose care the above-named minor has been entrusted, to administer emergency medical assistance if I cannot be present or are unavailable for contact, consenting to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or consenting to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act, and accepting responsibility for payment of expenses incurred as a result of medical treatment. The undersigned further authorizes Discover Church Ministries, Inc. and its agents to have the above-named minor released into the custody of its representative, should hospital care no longer be required.

I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use and reproduction by you or anyone authorized by you, of any and all photographs and/or video images taken of the child listed above, for use within the scope of Discover Church Ministries, Inc. I reserve the right to view all photographs and/or videos at any time.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

X

DATE

FOR OFFICE USE ONLY	Received:	Reg. Fee Received:	Approved Date:
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