

Camp Kairos Application

Sponsored by the Church of God of Prophecy

Name: _____ Male: _____ Female: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

In case of emergency contact: Name: _____ Phone: _____

Camp Attending: ☐ Junior Camp, ages 8-12 ☐ Teen Camp, ages 13-19 ☐ Pee Wee, ages 5-7

☐ Young Adult, ages 18-30 ☐ Winter Teen Retreat, ages 13-19

Tuition: Junior & Teen Camp \$195, Young Adult Camp \$95, Winter Teen Retreat \$95, Pee Wee Camp \$95

Deposit required: \$25

For questions or more information you can contact us at: **www.campkairoswa.com**

Please mail application and deposit to :

Corey and Michelle McBee

1743 S Oakes St

Make checks payable to: **Church of God of Prophecy Tacoma, WA 98405**

Medical Information

Are there any special dietary needs? Yes () No () If yes, please specify: _____

Are there any allergies? (bee stings, food, penicillin, etc) Yes () No () Specify: _____

Please list any medical conditions the camp needs to be aware of: _____

All medications are to be administered by the camp nurse for campers 18 yrs and younger. The nurse will collect the medications at the time of registration.

Are there any activities the camper should not participate in? Yes () No () Specify: _____

Family Physician: _____ Phone: _____

Does your family have health insurance? Yes () No () If yes, please list carrier: _____

Name and address of insurance: _____ Group/ID# _____

I understand that if any accident or sickness should occur which requires emergency treatment, the campers private insurance will be considered the primary insurance. Any insurance cover provided under the Church of God of Prophecy Youth Camp, Directors and Staff will not be held liable for any accident, sickness or expense relating to the same. In case of emergency, I understand that every effort will be made to contact the child's parent or guardian. If the parent or guardian cannot be reached, permission is hereby given to the camp staff and /or physician to secure proper treatment for and/or hospitalization and to administer injection, anesthesia, surgery and/or other emergency treatment deemed necessary for the minor child above.

Do you give permission for the summer camper, if under age 18, to participate in water baptism YES NO

Photo Disclaimer: I understand that photos and/or videos of the campers may be used for promotional purposes.

Initial here _____

I understand that in signing this application that my child is agreeing to abide by all the rules, policies and discipline of the camp and set forth by the director and staff. I also understand and agree to the medical treatment as set forth above.

Date: _____

Signature () Parent () Guardian

Camper Signature

Printed Name of Parent or Guardian

Office – Date received: _____ **Deposit Received:** _____ **Balance Due:** _____



@Campkairoswa

<https://campkairoswa.com/>

COVID-19
CHURCH OF GOD OF PROPHECY
GENERAL RELEASE OF LIABILITY

CAMPER

I, _____ ("Participant") acknowledge the extremely contagious nature of the worldwide pandemic, COVID-19, and that many federal, state, and local governments and health agencies have recommended protocols such as social distancing, temperature checks, and facial coverings. Camp Roganunda and Church of God of Prophecy – Washington & Alaska, Inc. cannot guarantee I will not become infected with COVID-19. I agree, represent, and warrant that I will not participate in the gathering held on the Camp Roganunda premises (Youth Camp or Teen Retreat), whether taking place inside or outside the premises, if I 1) experience symptoms of COVID- 19, or 2) have a suspected or diagnosed/confirmed case of COVID-19. I agree to notify Camp Roganunda immediately if I believe any of the foregoing use restrictions apply. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in the Event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID- 19 by participating in the Event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Camp Roganunda employees, other contractors, volunteers, and other participants. I agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, I may experience or incur in connection with my participation in the Event. I release and forever hold harmless Camp Roganunda and Church of Prophecy – Washington & Alaska, Inc., its board, directors, officers, employees, agents, contractors and affiliates as well as the Released Parties from the claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree this release includes any claims based on the actions, omissions, negligence or gross negligence of Camp Roganunda and Church of God of Prophecy – Washington & Alaska, Inc., its board, directors, officers, employees, agents, contractors and affiliates, whether a COVID-19 infection occurs before, during, or after my participation in any Event.

IN WITNESS WHEREOF each party hereto has executed this Waiver by its authorized signatory as of the day, month, and year indicated below, and the Waiver becomes effective upon the date of the last signature hereto. If Participant is a minor (under the age of 18), the signature of parent/guardian, below, is required.

Signature: _____

Date: ____/____/____