

# CentriKid camps



Campbellsville, KY @ Campbellsville University





Dear Parents!

Thanks so much for your trust in us to take your children to camp. This will be a great week that will teach your child many life lessons. When your child returns home, we hope they will have a renewed love for Christ, and an attitude of servanthood. This will be a life changing, thought provoking, fun in the sun week that your child will never forget.

God is Good!  
Children's Pastor

### Camp Dates

June 11-15 @ Campbellsville, KY

### This is for 3rd graders up to 6th graders

(2nd graders are welcome if their parents are part of the camp volunteer team this year.)

### Deadlines / Meetings

Feb. 4th \$50 dollars deposit is due

April 25th 2 copies of Centri-Kid Camp Forms and Victory Baptist Release Forms

May 2 Final Payment for Camp

May 6 & 9 Final Meeting before Camp      May 6 11:45am Room130    or  
May 9 7:15pm Room 130

### Cost will include two VBC t-shirts, and the camp fee.

Cost of camp is \$318 per child

Children camp's Budget of \$52 for each child

Deposit from yours of \$50 for your child

\$216 left to cover after the deposit and children camp's budget

\$266 (Deposit included) — \_\_\_? from Fundraising = \_\_\_

\$216 — \_\_\_? from Fundraising = \_\_\_



# Participant Form

Group Leaders: Bring ONE notarized copy of this document to registration and keep a photocopy for yourself to have with you in case of emergency at camp. YOU MUST attach a photocopy of insurance card (front & back).

### Church Information:

CentriKid Venue: CAMPBELLSVILLE Name of Church: Victory Baptist Church  
Group Leader: Kyle Clifton Group Leader's cell # at camp: (615) 207-3300  
Church Address: 1777 Tate Ln City: Mt Juliet ST: TN ZIP: 37122

### Camper's Info:

Participant Name \_\_\_\_\_ Age \_\_\_\_\_  
Date of Birth:   /  /   Grade Completed (campers only): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
In case of an emergency notify: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_  
Phone Numbers - Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_  
Mobile: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

### Medical Profile

Generally, the participant's Health is: (Check One) Excellent Good Fair Poor  
If Fair or Poor, please explain the condition: \_\_\_\_\_

List any medical difficulties which are currently being treated: \_\_\_\_\_

Check any of the following that cause you problems & explain:

- Asthma  Sinusitis  Bronchitis
- Kidney Trouble  Heart Trouble  Diabetes
- Dizziness  Stomach Upset  Hay Fever

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

List any medicines or substances to which you are allergic: \_\_\_\_\_  
List any previous operations or serious illnesses \_\_\_\_\_  
List any medications you are currently taking: \_\_\_\_\_  
List any special diet or special needs: \_\_\_\_\_

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other: \_\_\_\_\_  
Date of Tetanus Immunization:   /  /  

### You MUST attach a photocopy of insurance card (front & back).

If a camper requires medical attention while at camp, the camper is responsible for the cost. If the camper does not have insurance the sponsoring church will be the financially responsible party. If the medical attention is needed because of an accidental injury at camp, LifeWay provides a limited insurance policy that applies to those costs.

### Permission, Acknowledgements, Release, Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used for promotional purposes. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, the CentriKid Camp Venue, the Church, camp or event sponsors and state conventions and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties.

**Assumption of Risk.** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

**Recreation-** The recreation programs at summer event venues strive to offer fun, safe, and challenging activities that engage the whole person—body, mind and soul. Program staff are trained and as a team committed to your rewarding experience with safety as their highest priority. They have done everything possible to mitigate any risks involved in their recreation programs. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball and aquatics (not available at every CentriKid venue). You could experience any of the following – elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your backs and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property. For more detailed information about the recreation programs offered at CentriKid Camp Venues, go to [www.lifeway.com/centrikid](http://www.lifeway.com/centrikid) and follow the specific link to the camp venue's Group Leader Information.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

**Affirmation.** Participant affirms that he/she has not been convicted of nor received a deferred adjudication for: a misdemeanor or felony under any state or federal statute regarding crimes against persons, sexual offenses, or violent offenses under the "Participant Name" submitted on this document or any other name or alias.

**Copy to Camp Venue.** It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to camp venue.

Complete and sign below (participants who are minors per your state statute require Parent/Legal Guardian signature).

Participant's Signature: (only if 19yrs of age or older) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Notary Acknowledgement:**

State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_ before me,

\_\_\_\_\_, Notary Public, personally appeared

\_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

## 2018 Medical Release Form    Victory Baptist Church

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Grade: \_\_\_\_\_ Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Emergency Contact other than Parent or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Participant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please explain any medical conditions, allergies, or special needs in the space provided or on the back. \_\_\_\_\_  
\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (parent or guardian), give my permission to my son/daughter

\_\_\_\_\_ (name of participant) to participate in the outings sponsored by the Preschool, Children's or Youth Ministries of Victory Baptist Church, Mt. Juliet, TN. Should emergency medical treatment be necessary and I am unable to be contacted, I authorize accompanying sponsors to act on my behalf and approve medical treatment. I hereby grant permission for an attending physician or hospital to administer medical care if deemed necessary by the church chaperones. I also hereby release from liability Victory Baptist Church, Mt. Juliet, TN and any adult sponsors or church staff in the event of any accident enroute, during, and returning from any event sponsored by the Student Ministries or the Preschool and Children's Ministries of Victory Baptist Church, Mt. Juliet, TN. I understand that this permission slip is valid for the dates January 1, 2018 to December 31, 2018. Should any information change during that time, it is my responsibility to complete an updated permission slip.

Please sign here in the presence of a notary: \_\_\_\_\_

### Notary

State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_ before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Notary signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_