

2024 DOM (SUMMER CAMP) REGISTRATION



Camper Name _____ Gender M F
 Address _____ City _____ State _____ Zip _____
 Home Phone# _____ Birth Date _____ Age when attending camp _____
 School Attending _____ County _____
 Grade K-12 _____ Student ID# _____ Last 4 digits of SSN _____
 KHA Grant Recipient (Y/N) _____ Shirt Size: YS YM YL YXL AS AM AL AXL A2XL

Please tell us how to reach you while your camper is with us.

Parent/Guardian _____
 Relationship to camper _____
 Address _____
 Daytime phone# _____
 Cell phone# _____
 Email _____

Parent/Guardian _____
 Relationship to camper _____
 Address _____
 Daytime phone# _____
 Cell phone# _____
 Email _____

Other Emergency Contact

Name _____
 Relationship to camper _____
 Daytime phone# _____

Child lives with Both Parents Mother Father

List individuals authorized to remove your child from camp. Please note; each person listed must provide picture identification when picking up your child. **No one will be allowed to remove your child from camp that does not appear on this list.**

Name _____
 Address _____
 Relationship to camper _____
 Daytime phone# _____
 Cell phone# _____

Name _____
 Address _____
 Relationship to camper _____
 Daytime phone# _____
 Cell phone# _____

Name _____
 Address _____
 Relationship to camper _____
 Daytime phone# _____

TO PARENT OR GUARDIAN: Please check the registration information for accuracy. Please read the following statement and sign at the point indicated below. Camp administration does not allow the use of tobacco products, alcohol, illegal drugs or weapons. Registration application signifies my understanding and acceptance of these responsibilities; violators will be dismissed without a refund. In addition, should a behavior or discipline problem affect work with other campers or their enjoyment of Summer Camp. Camp Administration reserves the right to dismiss those campers responsible, and without a refund.

In the event of the withdrawal or dismissal from camp for any reason other than illness requiring the attention of a physician, I will pay the camp fee in full. In the event I cannot be reached in an emergency, I hereby give permission to the physician (s)

selected by camp administrator to hospitalize, secure proper treatment of, and to order injection, anesthesia or surgery for my child as named above. I will notify the Camp Director if my child has any serious restriction related to his/her participation in the camp program. I understand the Dayspring Outreach Ministries (DOM) assumes no responsibility for accidental injury to my child during his/her stay at camp. I also understand the DOM assumes no responsibility for loss, or damage of personal property during his/her stay at camp. Photographs of my child may be used for promotional materials.

Print Name _____
 (Participant parent or legal guardian)

Signed _____

Date _____

Weeks of Attendance

- 3 Weeks or less
- 6 Weeks or less
- Full 8 Weeks Session

\$150.00 is required for each application. This fee does not include the cost of field trips.

Make all payments to Text to Give. Text "Dayspring" to 73256. Make payment under Summer Camp.

WAIVER AND RELEASE OF LIABILITY AGREEMENT

IN CONSIDERATION FOR THE ABOVE NAMED MINOR (OR THE PERSON SO INDICATED IN THE PARTS OF THIS FORM) BEING PERMITTED TO PARTICIPATE IN CAMP ACTIVITIES THAT MAY BE CONSIDERED TO HAVE HIGHER THAN NORMAL ELEMENT OF RISK, I AGREE TO THE FOLLOWING WAIVER, RELEASE AND INDEMNIFICATION.

I apply for said minor to participate in the following activities: target sports, football, basketball, soccer, swimming, skating sports and the like. I understand that these activities may expose him/her to greater-than-normal risk due to the characteristics of the activity and uncontrollable nature of surrounding elements. These risks may include equipment malfunctions, loss of control, collisions and obstacles, variations of terrain, and unexpected actions by animals or by other individuals. I understand that participants may act in a negligent manner that can contribute to the injury of themselves or others, such as failing to maintain control, not acting within his or her abilities, or not following instructions. These risks can result in injury or death.

THE UNDERSIGNED PARENT, GUARDIAN, OR CUSTODIAN OF THE ABOVE MINOR HEREBY JOINS IN FOREGOING WAIVER AND RELEASE AND HEREBY RELEASES, DISCHARGES AND COVENANTS FOREVER NOT TO SUE CAMP DAYSRING, THEIR DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS FOR LIABILITY FROM ANY AND ALL LOSS OR DAMAGE, PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH WHETHER CAUSED BY ANY NEGLIGENCE, EITHER ACTIVE OR PASSIVE OF CAMP DAYSRING OR OTHERWISE.

Further, I represent that the above minor has no health or physical condition other than what is listed below, that will interfere with any of the above-listed activities or causes him/her to be more susceptible to injury than the average person. If any health or physical conditions are present, they are listed below. Health or physical condition limitations may include recent injuries or surgeries, medications, diagnosed or undiagnosed behavioral conditions and mental or physical limitations. (Please list any health or physical limitations or conditions below including medications currently used):

Condition/Explanation:

Physician: _____

Phone Number: _____

Hospital Preference: _____

Phone Number: _____

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT. I HAVE READ AND EXPLAINED THIS TO THE ABOVE NAMED MINOR.

Signed _____ Date _____

(Participant parent or legal guardian)

PARENT CONSENT FORM

Under the Family Educational Rights and Privacy Act (FERPA), **The Kids Hope Alliance** is permitted to review information from you **DOM** records. Please sign below to allow Kids Hope Alliance to have access to your child'/children records.

Child's name _____

Signed _____ Date _____

RECEIPT OF PARENT HANDBOOK

I have received, read and understand the policies and procedures outlined in the **Camp Dayspring** Parent Handbook. I agree to abide by all the policies and procedures set forth.

Signed _____ Date _____

(Participant parent or legal guardian)

CAMP BEHAVIOR EXPECTATION AGREEMENT

(DOM) adheres to the highest safety standards and regulations set by the American Camping Association. **(DOM)** mission is "To impart Christian principles and practices through programs that build a healthy spirit, mind and body for all." Also to apply four core values; Caring, Honesty, Respect and Responsibility to all programs and activities presented to the campers and staff. Our goal is to provide positive growth for all campers while in a safe, healthy, nurturing environment. To create and maintain such an environment will require the participation of staff, parents and campers alike.

Please read the following information carefully in order for you and your child to fully understand and agree to the expectations set forth by DOM.

Disciplinary Process

Most disciplinary situations at camp are minor and can be resolved with minimal correction. Camp Staff uses discipline as a learning opportunity for the camper while trying to integrate problem-solving skills into the discussion. However if adverse behavior continues, the following steps may be instituted:

1. Discussion between camper and counselor with set goals and objectives.
2. Discussion between camper, counselor and Assistant Director to clarify goals and objectives previously set by the parties involved.
3. If the conduct continues, documentation of the adverse behavior will be recorded in the form of a behavior contract signed by the camper, counselor, and the Assistant Director. The Director will be made aware of the situation.
4. Assistant Director will contact the parent/guardian to inform them of the situation and discuss possible options. The Director will be made aware of the situation.
5. Camp Director will contact the parent/guardian to make arrangements for the camper's discharge from the camp.

Although the above steps may be implemented, the camp administrative staff retains the right to take immediate action if the camper's behavior poses a threat to their own safety, the safety of other campers or camp staff. There will be no refund in any amount for campers who are sent home due to behavioral problems. Cigarettes, alcohol, illegal drugs, weapons and sexually explicit materials and /or behaviors will result in immediate dismissal from the camp.

I agree to the above stated expectations and understand that I will not receive a refund if my child is sent home or discharged due to behavioral problems.

Signed _____ Date _____

(Participant parent or legal guardian)

FIELD TRIP CONSENT

I give my permission for my child to attend weekly scheduled experience field trips with **DOM**. I understand my child will be under the supervision of camp staff and is expected to comply with all experience trip rules of the camp and any destination. My child has permission to be transported to and from the experience field trips by the camp providers.

Signed _____ Date _____

(Participant parent or legal guardian)

PHOTO/MEDIA RELEASE

I grant permission to **DOM** and persons acting for or through them, the right to use, reproduce, and/or distribute photographs, films, videotapes and sound recordings involving the participation of the individual identified on this form at **DOM** for use in promotional materials that may be created.

____ Yes ____ No

Signed _____ Date _____

(Participant parent or legal guardian)