G.R.A.C.E. camp

Camper's Registration Form 2023

# Transportation to and from Camp

Applications for campers needing transportation will be accepted two weeks from camp. Please check if you will need transportation for your camper.



Applications for campers with their own transportation will be accepted one week from camp. Please check if you will provide transportation for your camper.

We will send you a confirmation notice when we receive this form. If you need directions to the camp site, please check here.

G.R.A.C.E. Camp 2023 will be held at Uskichitto Retreat Center SWLA

July 3-7

Child's Name:

Name child goes by:

Address:

State: Zip:

Work Phone:Cell Phone:Email Address:

Child's Gender: M F Ethnicity: C B H A Other:



Child's Birthdate: Child's Age:



Emergency contact in case child's parent can't be reached:

Name:Phone:

Please circle child's T-shirt size: Youth Sizes: 6-8 10-12 14-16 OR Adult Sizes: S M L XL X)(L

Name of school child attends:

Grade child is expected to enter Fall 2023 Name of church child attends, if any:

# Camper's Registration Form (cont.)

Name of parent, guardian, or caregiver child lives with:

Relationship to child:Work Phone:

\*Name of the person who is or has been in prison:

\*Relationship to the child:

\*Name of the Prison: DOC# (required)

\*In Prison now: Y N Date of Release:

Use additional sheet of paper for other family members.

\*If this information is missing, child will be moved at the end of the admission list. Has this child ever been arrested or had any previous trouble with juvenile authorities? Y N

If yes, please explain. Use additional paper if necessary.

Information about the child you want the camp to know (School IEP, disabilities, etc.)



I give my permission for my child, to attend GRACE camp.

I also give my permission AND consent for my child to be transported to and from Camp by the persons approved by GRACE Camp, Inc.

I agree not to hold these persons, GRACE Camp Staff, or ANY OTHER ENTITY representing GRACE Camp, Inc. liable for any accident or injury which may occur during the process of transporting my child to and from Camp.

Signature:

Circle one: Parent Legal Guardian Caregiver Other

If this is your child's first year to attend camp, where did you hear about GRACE Camp?

Church Veteran Camper OCS School Family Member Kairos

GRACE Camp Staffer Correctional Facility Other

Date Received: Date Acknowledgement sent: Vet/New Angel Tree Y N

Missing Info:

# CHILD'S HEALTH INFORMATION

Date of last Tetanus [booster

Please indicate if your child has any medical conditions or problems that the camp staff should be aware of, such as asthma, allergies, ADD, diabetes, seizures, depression, food restrictions, restrictions of physical activity, including swimming, etc. If NONE, state so.

Please indicate any medications that your child should take during the week of camp and for what conditions.

Please send any medications your child takes ON A REGULAR BASIS to camp in the ORIGINAL RX with dispensing instructions. These will be given to the nurse upon arrival at camp for dispensing each day and returned to your child at the end of camp.

In case of minor emergencies, GRACE Camp maintains a first aid kit which includes over the counter medications including Tylenol, Benadryl, Ibuprofen, Aspirin, Tums, Caladryl and other common medications. IF there any such medications that SHOULD NOT be administered to your child, please indicate here:

Insurance Information: PLEASE SEND A COPY OF THE CHILD'S MEDICAL/INSURANCE CARD

FOR USE IN CASE OF EMERGENCY.

Provider's Name: Clinic #:



Group #: (required if applicable) Member #:(required if applicable)

Medicaid #:(required if applicable)

Pediatrician's Name: Phone #:



If, during the course of any activity or event in which my child participates while at GRACE Camp, my child is injured or becomes ill, the Camp staff has my FULL PERMISSION to seek any medical attention which they deem appropriate, including taking my child to a hospital or medical doctor. I agree not to hold GRACE Camp Inc., GRACE Camp Director or staff, any church or their representatives liable for any accident, injuries or illness that may occur to my child while participating in any activity or event help during GRACE Camp.

Signature Date



# CHILD'S HEALTH INFORMATON (cont.)

Please note that ALL campers will receive a head check upon arrival at camp. If your child is having issues with head lice, treat if PRIOR to camp. Campers with this condition will NOT be allowed to remain at camp.

Please complete ALL PAGES of this application AND the CONSENT form found below.

DO NOT forget to attach a COPY of the MEDICAL/INSURANCE CARD.

Return to: GRACE Camp, Inc.

P.O. Box 445

Elton, La 70532 gracecampb2b@gmaiI.com

# Parents’ Consent and Liability Release Form

Special consent is required before any camper will be allowed to use any of these activities. Therefore, we ask that you sign the form below and return it to us BEFORE camp begins if you want your child to be allowed to participate in these activities. NO CAMPER will be allowed to participate in these activities without the SIGNED PERMISSION!

Please write camper's full name:

Has my consent to participate in: Archery



Swimming



Slip N Slide



\_\_\_\_\_ Axe Throw

Ropes Course

Climbing Wall

Please mark whatever activities your child may participate in; an unmarked activity will keep your camper from that activity participation.

I RELEASE Uskichitto Retreat Center AND GRACE Camp, In. from any liability resulting in injury or accident while participating in the above listed activities.

Signature of Parent, or GuardianDate