

Frozen Fiasco Registration Form



Registration
Form

____ January 1-3 for ages 14-18
____ January 8-10 for ages 10-13

Child's Name _____
Boy ____ Girl ____ Birth date ____/____/____ Age ____ Grade ____

Mailing address: _____
(Street or P.O. Box) (City) State and zip

Roommate request (*only one request will be accepted*) _____

Parent or Guardian information:

Name _____

E-mail _____

Address (if different from child) _____

Day Phone: (____) ____-____ Evening Phone: (____) ____-____ Cell Phone: (____) ____-____

Parent/Guardian Signature _____

Name of Home Church _____ Address _____

MAIL-IN COST: \$95.00/person

***Minimum reserve deposit \$25.00**

ON—LINE COST: \$85.00/person (MUST PAY IN FULL)

www.kenbrookyouth.com

Deadline for final payment and registration for BOTH weekends is December 18, 2009

For Scholarship information, contact Kenbrook @ 717-865-4547 or e-mail info@kenbrook.org

Calculating Your Payment:

Frozen Fiasco fee: \$ 95.00

Amount Enclosed: \$ _____
(Must include a minimal \$25.00 non-refundable, non-transferable deposit)

Balance Due: \$ _____
(Due two weeks prior to the camp your child is attending)

Sibling Discount—this year we will be giving a *sibling discount* to any camper who shares at least one of the same parents, in the form of a rebate of \$10.00 per sibling which will be given to the parent at the time of check in. If you have questions about this discount or its stipulations, please call and speak with Mary Anita at 717-865-4547.

PLEASE NOTE: It is necessary for ***ALL*** forms to be included in the mail **with** your registration form in order for your child to be registered for camp! **No forms will be accepted the day of check in.**

(Permission granted to copy this form for friends)

Revised 8/09



190A Pine Meadow Road • Lebanon, PA 17046

(717)865-4547 • (717) 865-0995 fax

info@kenbrook.org

www.kenbrook.org

Important Information & What to Bring For Frozen Fiasco

January 1-3, 2010 for ages 14-18

January 8-10, 2010 for ages 10-13

What do I Bring?

- Bible, notebook, pen, pencil
- Sleeping bag (or extra long sheets, blanket) and pillow
- Toiletries including towel and washcloth
- Clothes and headwear appropriate for the weather and the outdoors including: Rainwear, snow suits, hat, mittens or gloves, boots
- Shoes that can get dirty, indoor shoes (sneakers for the gym), slippers
- Necessary medications *in original prescription bottles* and necessary instructions for the nurse
- Flashlight/head lamp
- Camera (optional)

Please do NOT bring

- Knives, firearms, or fireworks
- Food and/or snacks (unless required by diet/allergies**)
- Electronic devices including, but not limited to: handheld video games, cd/dvd/tape players, cell phones, iPods, MP3 players

****If you have any food allergies that should be known ahead of time, please note this on the health history form.**

Drop-off and Pick-up Information

INCOMING CAMPERS: Registration for campers will be held between 6:00 and 7:00pm on Friday in the Fairland Lodge. We will not be available to register anyone before 6:00pm. If an emergency situation forces you to register early, please call ahead of time to make special arrangements. If you anticipate being late, please call the host phone at 717-926-6011.

CHECKING OUT: Frozen Fiasco will conclude at 1:30pm on Sunday. You may pick up your child at that time in Fairland Lodge. Please be sure to complete and mail, fax, or email the Departure Release Form indicating who will pick up your son/daughter. When you sign out your son/daughter, we will return any unused medication and leftover spending money.

IMPORTANT CHANGE REGARDING FORMS:

- ***If you have registered online*, you will need to send the Consent and Release form to Kenbrook to finalize the registration. All other forms have already been completed when you registered online.**
- ***If you have registered by mail*, ALL forms must accompany your registration form for your registration to be completed.**

Reminder— all payments for this event must be paid in full to complete registration.

No payments will be received the day of check in.

FROZEN FIASCO

**January 1-3, 2010 (ages 14-18)
January 8-10, 2010 (ages 10-13)**

DEPARTURE RELEASE FORM

To assure your child's safety, we will release your child to only the person(s) you designate.

Camper's Name _____

Person picking up the Camper _____

Home Phone (_____) _____ - _____ Cell (_____) _____ - _____

Alternate Person to pick up camper _____

Home Phone (_____) _____ - _____ Cell (_____) _____ - _____

Please choose from the following:

_____ My child will depart at 1:30pm on Sunday.

_____ My child will need to depart before the closing time.

(Please specify date and time of early departure.)

Date: _____ Time: _____

Parent or Guardian signature: _____ date: _____

IMMUNIZATION HISTORY: ARE ALL BOOSTERS CURRENT? _____

Please record the date (month and Year) of basic immunizations and most recent booster doses (**please do not skip this section**):

Vaccines	Date of Last Booster
DTaP [Diphtheria, Pertusis (Whooping Cough), Tetanus] OR	
TD (Tetanus, Diphtheria) OR	
Tetanus* (BE SPECIFIC)	
Hepatitis B	
IPV (Inactivated Polio)	
MMR: Measles, Mumps, Rubella	
VAR: Varicella (Chickenpox)	
TB (Tuberculin)	
Hib: Haemophilus Influenza Type b	

HEALTH INSURANCE

As part of our desire to be good stewards of the funds entrusted to us by God and to keep our fees as reasonable as possible Kenbrook's medical insurance is considered secondary coverage to a camper's personal medical insurance. Claims resulting from illness or injury while at Kenbrook must first be submitted to the camper's personal medical insurance.

Please check the appropriate line below and complete the necessary information.

My son/daughter is covered by a medical insurance policy.

Policyholder's Name _____ Policy holder's SSN _____

Insurance Company Name _____

Insurance Company Address _____

City _____ State _____ Zip _____

Insurance Company Phone Number _____

Policy Identification Number _____

My son/daughter is NOT covered by a medical insurance policy.

The following statement must be signed for attendance.

I testify that the health history and insurance information on this form is correct so far as I know.

The camper listed on this form has my permission to participate in all camp activities except as noted. I understand Kenbrook Bible Camp will make every effort to contact me or the emergency contact I have listed in the event that my child requires medical attention beyond the scope of the Kenbrook Bible Camp nurse. I hereby give permission to Kenbrook Bible Camp to provide ongoing health care, to provide or secure transportation to medical facilities, to select medical personnel, and to order x-rays or routine tests and/or treatment for my child. I hereby give my permission to the physician selected by the Executive Director of Kenbrook Bible Camp to hospitalize, secure proper treatment for, and to order injection and/or anesthesia, and/or surgery for my child. This form may be photocopied.

Signature of parent or guardian _____ Date _____

Witness _____ Date _____



Kenbrook Bible Camp
190A Pine Meadow Road
Lebanon, PA 17046
Phone: (717) 865-4547
Fax: (717) 865-0995
e-mail: aglovier@kenbrook.org

Parent Questionnaire

Dear Parents,

Your child will be coming to Kenbrook Bible Camp to live in a cabin or tent with other boys and girls their age and with a well prepared counselor of high caliber. By filling out this questionnaire, you will assist us in properly guiding your child while he/she is at camp. Thank you for taking the time to inform us of your child's needs. If there is anything of confidential nature please do not hesitate to call 717-865-4547 and speak with the Camp Director privately.

If you are registering by mail, this form MUST accompany your registration form; no forms will be received the day of check-in.

If you have registered ONLINE, you have already completed this form; please do not fill it out again.

Camper's Name _____ Dates of Camp: _____

Has he/she been away from home alone for more than two days? _____

Who lives at home with him/her? Please list names and relationship to the camper (include age of siblings if applicable):

_____	_____
_____	_____
_____	_____

Please describe your son/daughter's general personality and interests.

What would you like your son/daughter to receive from his/her experience at Kenbrook?

Are there any particular elements of your son/daughter's school or home life that might affect his/her time at camp?

Are there any specific concerns or apprehensions that you or your son/daughter have about him/her coming to camp?

Thank you for helping us to serve your son/daughter more effectively!

Signature of Parent or Legal Guardian: _____ Date: ____/____/____



190A Pine Meadow Road, Lebanon, PA 17046
717-865-4547 717-865-0995 Fax
www.kenbrook.org info@kenbrook.org

Consent and Release Form

The Camp Experience you will share with Kenbrook may involve some or all of the following activities: group initiatives, low or high ropes activities, living completely out-of-doors; hiking on trails or off-trail through the woods and over uneven terrain; backpacking; camping at established or unestablished campsites; preparing and cooking meals; paddling on moving water in canoes, kayaks, or rafts; climbing and rappelling on rock faces; and/or exploration of non-commercial caves.

I understand that any of the above activities in which I may be involved may involve significant physical activity and that it is possible for me to suffer bodily injury or death resulting from slips, falls, hypothermia, falling rocks or debris, and insect/animal attacks. I also understand that I may suffer bodily injury or death during travel to or from the experience.

Participation in camp activities is operated under Challenge by Choice (each participant chooses for him or herself the extent of participation for specific activities.)

All Kenbrook programs and activities are conducted according to nationally recognized standards of safety and supervision which are available to any participant, parent, and/or guardian. I acknowledge the need to follow instructions, to obey rules, to thoroughly learn the practices and precautions of these activities, and to participate in holding group members accountable to those practices.

I agree to exercise prudence and reasonable care while participating in this activity. I assume and take on myself the risks and responsibilities associated with this activity. In consideration of being permitted to participate in this activity, I release, waive, forever discharge and covenant not to sue Kenbrook for any and all liability, claims, expenses and actions that may arise from injury or harm to me, or from damage to my property in connection with my participation in this activity, excepting only liability resulting from negligence or willful misconduct by Kenbrook.

I understand that Kenbrook may not have medical personnel available at the site of the activity. I understand and agree that Kenbrook is granted permission to authorize emergency medical treatment, if necessary. Further, I agree that Kenbrook assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

I recognize that this Release shall bind the members of my family if I am alive, and my estate, family, heirs, administrators, personal representatives or assigns if I am deceased, and shall be deemed a Release of Kenbrook. I further agree to save and hold harmless, indemnify and defend participation in this activity. I agree that this Release shall be construed in accordance with the laws of the Commonwealth of Pennsylvania. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining shall not be affected thereby.

I support the policies, goals, and programs of Kenbrook Bible, Inc., and hereby give my child permission to participate in the programs and activities of the camps he or she may attend. In the event that hikes, field trips, or camping trips are planned away from camp as part of the camp program and under the direction of the administration, the camper named has my permission to participate. I understand that campers have the option to do the Tree Climb (a roped ascent up a 30-foot tree), and I hereby give my permission to participate should he/she choose.

I also, in consideration of the benefit and recognition provided by Kenbrook, give Kenbrook the right and permission to use, display, reproduce, copyright, and/or publish pictures of my son/daughter made by the program for publication or publications to inform the public of the programs available. I hereby waive the right to inspect or approve the finished photograph or printed matter that may be used in conjunction with the photograph, or the eventual use to which it may be applied. I hereby release, discharge, and agree to save harmless Kenbrook, its representatives, assigns, employees, or any person or other entity acting under permission or authority of Kenbrook, from and against any liability as a result of taking, processing, or reproducing the picture or its publication, distribution, or display.

I have carefully read this document and understand and agree to all of the above.

Signed _____ Date _____
Participant

I give my permission for (name of minor) _____ to participate in Kenbrook's camp experiences.

Signed _____ Date _____
Parent or Guardian

Staff Initials _____ Date _____

(Permission granted to photo copy for your records)