

2021 SOUTH CAROLINA PK/MK REGISTRATION

6th - 12th grades



(PHOTOCOPY **FRONT/BACK**)

STEP 1: CHURCH INFORMATION (please complete this information prior to distribution to parent/student)

Church Name: _____ Church City: _____

Church Leader/Pastor Name: _____ Email: _____

STEP 2: Date of Event

Friday April 23 – Sunday April 25

STEP 3: Student INFORMATION (please print CLEARLY)

Last First Birthday/Age M F Birth Gender Grade

Address City State Zip Guardian email required for confirmation purposes

Mom's Cell # Dad's Cell # Other Emergency # and Name

STEP 4: OPTIONS & PAYMENT (MAKE CHECK PAYABLE TO THE CHURCH THAT YOU WILL ATTEND WITH)

Cost: \$75

You can pay by check through your church or online at ag4sc.com.

I have read the attached information including camp rules and agree to abide by all rules and regulations

Student Signature **Required** Date Parent/Guardian Signature **Required** Date

DISTRICT OFFICE USE ONLY

Date Received: _____ Check # _____ Amount Paid: _____

STEP 5: HEALTH HISTORY FOR _____ (Student Name)

Is there any information we should have regarding the welfare of this student, such as restrictions, diets, etc.?

HAS YOUR CHILD OR ANYONE IN THE FAMILY RAN A FEVER IN THE LAST 14 DAYS? Yes No

HAS YOUR CHILD OR ANYONE IN THE FAMILY BEEN DIAGNOSED WITH COVID-19 (CORONAVIRUS)? Yes No

Is your child allowed to enter a SWIMMING POOL WITHOUT a life jacket? Yes No

Is there any activity you do not wish for your child to participate in? _____

Date of last Tetanus: _____

Allergies: ☐ None ☐ Bee Stings ☐ Food ☐ Medications ☐ Other _____

Students who require the use of an inhaler will be required to have it with them at all times. Please provide a means for the student to carry it throughout the week. A small backpack, labeled with their name and church is ideal for carrying inhalers and other personal items throughout the day.

Medications: List any/all PRESCRIPTION medications to be administered by camp nurse:

*Each medication **MUST** be in the original container. Send only the required dosage needed for the week! Enclose each medication bottle in a separate zip lock bag. Medication will be dispensed as written on the bottle. Sponsoring agent is not responsible for lost/misplaced medication.*

My child may be given ☐ Tylenol ☐ Ibuprofen ☐ Benadryl ☐ Mylanta ☐ Pepto-Bismol

Medical & Liability Release: I have read and approved the included information. I give my permission for my child to attend this event and to participate in its activities both on and off the campground, as well as any travel that will be involved. I, acting on my own behalf, also release the South Carolina District of the Assemblies of God and/or River Oaks Retreat Center, its agents, assigns, staff, employees as well as volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness, or death which may be sustained by my child as a result of any participation in the camping program. I am aware of the risks associated with participating in activities and accept participant's participation with full awareness of these risks. Youth leader/counselor refers to "a person in charge of a group of minors at camp" and does not imply the individual is licensed to give counsel. I give permission for a District Volunteer to treat the listed student in the event of a minor illness or minor injury. In case of emergency and when I am unable to be contacted, I hereby give permission to the local physician selected by the camp to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child. **I understand that my insurance is the primary coverage and that RORC only supplies supplemental insurance coverage.**

I AS THE PARENT OR GUARDIAN OF MY CHILD ACKNOWLEDGE THAT COVID-19(CORONAVIRUS) IS A VERY CONTAGIOUS DISEASE AND MY CHILD MIGHT BE EXPOSED TO IT. I THEREFORE KNOWINGLY AND VOUNTARILY ACCEPT THE RESPONSIBILITY AND LIABILITY FOR MY CHILD IF MY CHILD CONTRACTS THE DISEASE AND RELEASE THE SOUTH CAROLINA DISTRICT ASSEMBLY OF GOD AND/OR RIVER OAKS RETREAT CENTER FROM ANY LIABILITY.

Other Authorizations: I authorize the SC District Council to use our child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claims against the District for the use of such photos or videos. I authorize district personnel to inspect student's belongings to see that they have not brought any prohibited or illegal items. I understand that if my child misbehaves and does not respond in a positive manner, I may be called to pick him/her up.

PARENT/GUARDIAN SIGNATURE (REQUIRED)

Date _____ / _____ / _____

I DO accept the use of electronic signatures as a valid form of my written signature for the South Carolina Assembly of God District camp's consent form, furthermore, I am fully informed that my electronic signature has the full force and effect of a signature affixed by hand to a paper document.

Use tape to attach copy of the **front** side of your insurance card to this space.

DO NOT STAPLE!