



UNITED CHURCH IN JAMAICA AND THE CAYMAN ISLANDS

CIRMC CAMP MINISTRY REGISTRATION & MEDICAL FORM

CHILDREN'S CAMP (Ages 8-12) • TEEN'S CAMP (Ages 13-17)

**Cost:
\$125**

Registration deadline to submit form to cirmc.summercamps@gmail.com is June 18, 2023

CAMPER'S NAME: _____

CAMP ATTENDING: [] Children's Camp: July 12–16, 2023 [] Teens' Camp: July 19–23, 2023

MALE [] FEMALE [] Date of Birth (D/M/Y): ____/____/____ AGE: _____

NAME OF PARENT/GUARDIAN: _____

RELATIONSHIP TO CAMPER: _____ E-MAIL: _____

CONTACT (H) _____ (W) _____ Ext _____ (Cell) _____

ADDRESS: _____ KY1– _____
Street District P.O. Box

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT: (H) _____ (W) _____ Ext _____ (Cell) _____

HEALTH INFORMATION

Does your child suffer from any of the following conditions?

- (a) Diabetes [] Yes [] No
- (b) Epilepsy (fits) [] Yes [] No
- (c) Food Allergies [] Yes (please identify the foods) [] No

(d) Any other condition [] Yes (please explain) [] No

Is your child presently taking any medication? [] Yes (Please give details below) [] No

Medication _____ Dosage _____

Medication _____ Dosage _____

Please ensure that your child has ONE WEEK'S supply of his/her medication in its correct containers with instructions.

Please provide proof of health insurance coverage for your child.

MEDICAL CONSENT

As legal parent/guardian of the above named camper, I give [] / do not give [] permission:

1. I authorize the Camp Nurse/Camp Director to administer general first aid treatment for minor injuries or mild illnesses experienced by my child during the Camp period.
2. I authorize the Camp Director, in the event that I cannot be contacted or if any emergency dictates, to act in *loco parentis* for my child in respect of any circumstances, including any accident or illness, which may necessitate the medical treatment, and to take the necessary action to either call 911 or transport my child to the Cayman Islands Hospital during the Camp.
3. For the avoidance of any doubt, medical treatment for my child may include x-ray, blood transfusion, anesthetics and medication, and may also include emergency surgery, provided any such medical treatment or surgery is performed by a duly licensed practitioner. If I am unavailable, or unable to be contacted, I authorize the Camp Director to reasonably exercise his/her discretion in consulting with a medical professional to consent regarding the medical treatment or emergency procedure/surgery that may be deemed necessary.

CAMP FEES

- [] Parent paid deposit - \$25 [] Parents paid balance - \$100
[] Sponsorship (\$125) duly confirmed by Youth Minister

SWIM PERMIT

As legal parent / guardian of the above named camper, I give [] / do not give [] my child permission to to swim at the beach or participate in a water activity/use beach equipment.

PROMOTIONAL APPROVAL

For promotional purposes and Camp highlights, your child's picture may be seen on the church's website and other social media platforms.

As legal parent /guardian of the above named camper, I give [] / do not give [] permission for the United Church in Jamaica and the Cayman Islands camp personnel to post pictures and videos on <https://www.facebook.com/UnitedChurchCaymanSummerCamps> page as well as the Instagram page <https://www.instagram.com/cirmc/>

DISCLAIMER

I hereby discharge the Cayman Islands Council of the United Church in Jamaica and the Cayman Islands, and the Camp personnel, from any and all liability in connection with my child's participation in any of the activities related to this Camp and the Camp Programme. I understand that the programme involves outdoor and physical activities. I also agree to pay for any damages or liabilities my child may have deliberately caused during the Camp.

I understand the camp rules disallow my child to bring cell phones, video games, and any electronic gadgets. I also understand the camp is not responsible for loss or damage to restricted items (see Information sheet).

As legal parent/guardian, the submitted information given above is true to my knowledge. I understand and accept the disclaimer.

Signature of Parent / Guardian

CHURCH'S REFERRAL

Name of Church Child Attends

Name of UCJCI Minister / Youth Minister

Signature of UCJCI Minister / Youth Minister

Please make cheques payable to: **UNITED CHURCH COUNCIL**

No REFUNDS

This section is for use by Camp Registrars or Admin. only - INTERNAL (Payments)

Receipt Date: _____ Amount paid: _____

Method: [] Cash / [] Check (Ck# _____ / Bank _____)

Sponsorship

Sponsor Name: _____ Sponsored Amount: _____