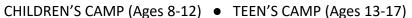


UNITED CHURCH IN JAMAICA AND THE CAYMAN ISLANDS

CIRMC CAMP MINISTRY REGISTRATION & MEDICAL FORM

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



Cost: \$125

CAMPER'S NAME:				_	
CAMP ATTENDING: [] Children'	's Camp: July 12–16, 2	.023 [] Teer	ns' Cam	np: July 19–23, 20)23
MALE[] FEMALE[] Date of Bii	rth (D/M/Y):/_	/	AG	E:	
NAME OF PARENT/GUARDIAN:					
RELATIONSHIP TO CAMPER:	SHIP TO CAMPER: E-MAIL:				
CONTACT (H)	(W)	Ex	t	(Cell)	
ADDRESS:					KY1
Street	D	istrict	P	O. Box	
EMERGENCY CONTACT NAME:					
EMERGENCY CONTACT: (H)	(W)		Ext	(Cell)	
	HEAITH INE				
Does your child suffer from an (a) Diabetes (b) Epilepsy (fits) (c) Food Allergies]] Yes] Yes	e ident	ify the foods)	[] No [] No [] No
(d) Any other condition]] Yes (please	e expla	iin)	[] No
Is your child presently taking					
Medication			Dosa	age	
Medication			Dosa	age	
Please ensure that your child lead to containers with instructions. *Please provid	has ONE WEEK'S sup				ect
i icase provid			. upc 10	o. your cilia.	
	MEDICAL (CONSENI			

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.

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

- 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.						
For promotional purposes and Camp highlights, your child's picture may be seen on the						
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 local parent/quardian, the submitted information given above is true to my knowledge						
As legal parent/guardian, the submitted information given above is true to my knowledge. I understand and accept the disclaimer.						
·						
Cignotium of Donort / Cuandian						
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*						
"NO REPUNDS"						
This section is for use by Camp Registrars or Admin. <u>only</u> - INTERNAL (Payments)						
Receipt Date: Amount paid:						
Method: [] Cash / [] Check (Ck#/ Bank)						
<u>Sponsorship</u>						

_Sponsored Amount:__

Sponsor Name:_