



Office Use Only:

For questions please call or email:

Rec _____ Camp _____ Dep _____

814.632.6024 /shannon@mycampk.com

Sch _____ Dis _____ Bal _____ Ent _____

Camper Registration Form 2025

Please print clearly

Camper Personal Information

Camper Name _____ Male ____ Female ____

Birth Date ____/____/____ (Age on 6/1/25) _____

Grade Entering in Fall 2025 _____

Mailing Address _____

State _____ Zipcode _____ Home Phone (____) _____

(Circle 1 Below)

Parent/Guardian 1 Name _____ Relation _____

Phone (____) _____ Cell ____ Work ____

*Email _____ **(Required)**

(Circle 1 Below)

Parent/Guardian 2 Name _____ Relation _____

Phone (____) _____ Cell ____ Work ____

Email _____

*Emergency Contact Name _____

(*Emergency Contact must be different from Parent/Guardian 1 & 2)

Emergency Contact Phone (____) _____ Cell ____ Work ____

Email _____ Relation to Camper _____

Camper Profile Information

Church Name/Pastor Name _____

Church Mailing Address _____

City _____ State _____ Zipcode _____

First Time Camper Yes ____ No ____ Heard About From? _____

If parents are separated, who has legal custody? _____

Who will be picking up the camper at the end of the week? _____

Disclaimer & Medical Information**Signature Required Below**

I certify that I am the parent or guardian of the previously named child. In case of a medical emergency, I understand that every effort will be made to contact the parent or guardian of the camper previously named. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp leaders to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named herein. I hereby certify that my child, previously named, is covered by a personal insurance policy or is included in a policy which is in force. Further, I hereby authorize routine medical dispensary care for the previously named camper and authorize treatment not considered routine to be referred to local physicians and medical facilities at my expense.

I give permission for the use of photographs, audio, and video footage including my child to be used in camp publicly. I give permission for my child to be transported in camp-operated vehicles for approved out-of-camp activities, for purposes of medical transport, and for the release of medical records in case of illness.

It is expressly agreed that all use of the Camp facility shall be undertaken at the camper's sole-risk and that the Camp shall not be liable for any claims, demands, injuries, damages or causes of legal action whatsoever to any participant or user arising out of or connected with the use of the facilities of the Camp. The camper does hereby assume safety responsibility of the participants and expressly and forever releases and discharges the said Camp, its employees, and agents for all such claims, demands, injuries, damage, and actions or causes of actions arising out of supervisory negligence.

Further, in light of the COVID-19 pandemic, the undersigned acknowledges that Camp Kanesatake has outlined and will have performed all reasonable and necessary precautions but that some risk still exists and the undersigned is assuming that risk and shall make no claim should any camper contract the disease.

Concerning Rescue Inhalers

My son/daughter has been prescribed a rescue inhaler to be used as needed. My son/daughter has my permission to carry this medicine on his/her person, or his/her counselor may carry it. I relieve the camp, any camp employee or volunteer of any responsibility for the benefits or consequences of the prescribed medication and acknowledge that the camp, camp employees, or volunteers bear no responsibility for ensuring that the medication is taken. My son/daughter recognizes that he/she should report to the camp nurse after using the inhaler.

Concerning Epipens

My son/daughter has been prescribed Epinephrine to be used for an anaphylactic reaction. My son/daughter has my permission to carry this medicine on his/her person, or his/her counselor may carry it, at all times. I give my permission for the registered nurse at Camp Kanesatake to administer the prescribed Epinephrine by Auto-Injector if needed. In the event the registered nurse is not immediately available, one of the staff or counselors may administer it.

Medical Release and Authorization of Unidentified Medications

As the parent or legal guardian of this camper, I confirm that I provided my child's medication in a container other than the original container labeled with the medication name and child's name. I understand that I have pre-prepared my child's medication in the form of a daily divided container (i.e. pill box). I understand that Camp Kanesatake and the healthcare professional on-site is not responsible for any and all medication errors. I acknowledge that my child is able to self-administer his/her medication. In the event that my child proves unable to self-administer the medication, I am held responsible for providing the medication in the original container that is labeled and has the child's name stated on the container.

Diabetic Consent

My son/daughter has been prescribed Glucagon to be used in the case of low blood sugars when he/she is unable to stabilize their BG levels on their own or is unresponsive. My son/daughter has my permission to carry this medicine on his/her person, or his/her counselor may carry it, at all times. I give permission for the nurse at Camp Kanesatake to administer the prescribed Glucagon injection if needed. In the event the registered nurse is not immediately available, one of the staff or counselors may administer it.

My son/daughter has been diagnosed with Type 1 or 2 Diabetes Mellitus and requires a continuous glucose monitor and/or an insulin pump. My son/daughter is permitted to carry this medical device and/or medicine on his/her person, or his/her counselor may carry it, at all times. I acknowledge that my son/daughter is able to self-manage his/her diagnosis, equipment, and treatments. In the case of an emergency when my son/daughter is unresponsive, I give permission for the nurse to check his/her blood glucose. I give permission for the nurse to check his/her blood sugar in the case of a suspected malfunction of the medical device.

In signing this form, I hereby certify that all information is correct.

(Circle 1 Below)

Signature of Custodial Parent/Guardian _____

Printed Name of Custodial Parent/Guardian _____

Medical Information Continued

Is your camper in general good health and able to participate in all normal activities? Yes _____

*No _____ (*If no, please explain the limitations) _____

*Detail medication taken regularly: _____

Reason for medication: _____

Specific allergies/treatment given: _____

Any pre-existing medical conditions? _____

Date of last Tetanus shot: ____/____/____ (REQUIRED)

Insurance Company: _____ Policy No. _____ (REQUIRED)

Special Dietary Needs & Allergies

Those campers with a special dietary need should bring their own meal replacements that can be prepared in a microwave. Please email if you have questions about your camper's special dietary requirements.

Over-the-Counter Meds - Which meds do you approve of the Camp to administer if necessary?

Circle all that apply: Advil Benadryl Tums Tylenol Ibuprofen
Pepto Bismol Melatonin None of them

*Please complete the **Camp Medication Form** if your camper has prescription medication. The form is located on our website: <https://www.mycampk.com/register>. (Mail in the medical form with this registration form)

Choose Your Camp!

Write your first choice of week in the following blank: _____

If your requested week is full, we will notify you and advise you of options.

Cabin Mate Request (one choice) _____

TIERED PRICING - Pricing for the Summer 2025 Season

- **Tier III \$395 / Early Bird Price: \$375 (*Ends April 1, 2025)**
Camp K firmly believes that every child should experience the powerful impact that summer camp provides, regardless of income. This tier offers families, no matter their financial means, that experience for their child.
- **Tier II \$435 / Early Bird Price: \$415 (*Ends April 1, 2025)**
This tier is an opportunity for you to choose to pay a little more to help support the ongoing ministry of Camp K.
- **Tier I \$475 / Early Bird Price: \$455 (*Ends April 1, 2025)**
This tier most closely reflects what it costs to provide a camp experience for one camper. This tier gives you the opportunity to help us do more, make needed upgrades and continue to grow in the future.

Camp Week	Tiered Pricing	Price after Early Bird Discount of \$20	Dates	Speaker
Teen Camp 1	\$395/\$435/\$475 (Circle 1)	\$375/\$415/\$455 (Circle 1)	June 15-20	Mike Show
Junior Camp 1	\$395/\$435/\$475 (Circle 1)	\$375/\$415/\$455 (Circle 1)	June 23-27	Bob Miller
Mini Camp 1	NA	\$270	June 23-25	Bob Miller
Teen Camp 2	\$395/\$435/\$475 (Circle 1)	\$375/\$415/\$455 (Circle 1)	June 29-July 4	Steve Pettit
Junior Camp 2	\$395/\$435/\$475 (Circle 1)	\$375/\$415/\$455 (Circle 1)	July 7-11	Bob Roberts
Mini Camp 2	NA	\$270	July 7-9	Bob Roberts
Teen Camp 3	\$395/\$435/\$475 (Circle 1)	\$375/\$415/\$455 (Circle 1)	July 13-18	Ben Lamphere
Junior Camp 3	\$395/\$435/\$475 (Circle 1)	\$375/\$415/\$455 (Circle 1)	July 21-25	Wes Rinehart
Teen Camp 4	\$395/\$435/\$475 (Circle 1)	\$375/\$415/\$455 (Circle 1)	July 27-Aug 1	Greg Shipe
Junior Camp 4	\$395/\$435/\$475 (Circle 1)	\$375/\$415/\$455 (Circle 1)	August 4-8	Forrest Chapman
CIT	\$670	\$650	June 29-July 11	Seth Hoffman



Payment Options (Please check the correct blanks below)

\$20 Early-Bird Discount (postmarked by April 1st, deduct \$20 from total camp fee)

\$10 Care Package - An assortment of snacks & 1 beverage delivered to your camper midweek. Care packages are not available for in-person purchase after the camp session begins, only available for purchase online.

\$ _____ **Money for the Camp Store**

I am enclosing:

\$75 Deposit Fee (*Deposit applied to total camp fee and required to reserve a spot in a specific camp week)

Enclosed Check (payable to Camp Kanesatake)

Charge this amount to my credit card \$ _____

Visa Discover Mastercard

Card Number: _____ CVV: _____

Exp. Date ___/___/___ Print name as it appears on card: _____

Signature: _____

How Camper Registration Works at Camp K

Step 1.

- Register your child either online or via paper form.
- Make sure to complete the medical form if your camper has prescription meds.

Step 2.

- Pay the **minimum \$75 deposit or the full amount** to reserve a spot in your preferred week of camp.

Step 3.

- Receive confirmation via email that your camper is registered for the desired week
- **An email address is required for registration.**

Step 4.

- Three to four weeks prior to camp you will receive a reminder email with a packing list and other details including check-in and check-out procedures.

To Speed Up Sunday/Monday Evening Check-In

Before Check-In Day:

1. Put money in your camper's store account
2. Purchase a Care Package - **Only available online**, if not requested directly on this form.
3. Complete the medical form