

# CAMPER REGISTRATION



## Personal Information

Full Name:  Date of Birth:

Address:

Guardian:

Email:  Phone:

Name of School:

Grade:  Gender:

Allergies/Dietary Restrictions: (Please List)

Special Considerations: (Please List)

Anything you would like to share; Like / Dislikes; Cabin Roommate Requests:



# MEDICAL INFORMATION FORM

## EMERGENCY CONTACTS

In case of a medical emergency, the KAMP KARES staff will contact the Emergency Contact(s) you designate below.

First Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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Second Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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## Authorization of Treatment and Medical Release Form

In case of a medical emergency occurring during my participation in KAMP KARES, KARES FOUNDATION ACTIVITIES (and its employees or agents) may (but is not obligated to) take any actions to secure whatever treatment it considers to be warranted under the circumstances regarding my health and safety. Such as do not create a special relationship between KARES FOUNDATION and me. I agree to be solely responsible for any costs related to that treatment.

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child; and I agree to be solely responsible for any costs related to that treatment.

By signing my name below, I agree with terms outline in the authorization and give permission for this form to be printed as proof for KARES FOUNDATION'S use.

I certify that all of the information provided in the health history statement is correct as far as I know, and the student herein described has permission to engage in all prescribed camp Activity.

Camper's Name/Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Healthcare Provider Information

Camper's Full Name \_\_\_\_\_

Name of Primary Care Physician \_\_\_\_\_

Phone Number of PCP \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Group ID No. \_\_\_\_\_

### Medical History Information Medication Allergies

(Check all that apply/or add)

- |  |                                      |                                       |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Acetaminophen/Tylenol | <input type="checkbox"/> Ceclor      | <input type="checkbox"/> Erythromycin |
| <input type="checkbox"/> Amoxicillin           | <input type="checkbox"/> Cefzil      | <input type="checkbox"/> Ibuprofen    |
| <input type="checkbox"/> Augmentin             | <input type="checkbox"/> Codeine     | <input type="checkbox"/> Penicillin   |
| <input type="checkbox"/> Bactrim/ Septra/Sulfa | <input type="checkbox"/> Doxycycline | <input type="checkbox"/> Zithromax    |
| <input type="checkbox"/> Cephalexin/Keflex     | <input type="checkbox"/> Doxyclyne   | <input type="checkbox"/> Other _____  |

### Any other allergies and/or Dietary Restrictions

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**Please check all medical conditions that this student experiences or has experienced within the past year.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Cardiac issues/Hypertension | <input type="checkbox"/> Knee problems    |
| <input type="checkbox"/> Back or neck injury  | <input type="checkbox"/> Celiac disease              | <input type="checkbox"/> Migranes         |
| <input type="checkbox"/> Bladder/Kidney issue | <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Night terrors    |
| <input type="checkbox"/> Blood disorders      | <input type="checkbox"/> Hypoglycemia                | <input type="checkbox"/> Sleep walking    |
| <input type="checkbox"/> Cancer               | <input type="checkbox"/> Immune disorders            | <input type="checkbox"/> Seizure disorder |



# WAIVER OF LIABILITY

By signing below, I understand that I am fully and freely agreeing that agreement to the terms of this Waiver and that my execution of this document on behalf of my minor child or ward, \_\_\_\_\_ (“Participant”), is a requirement to Participant’s participation in a summer camp run by KARES FOUNDATION “KAMP KARES” at “THE ELKS CAMP AT WORKMANS CREEK, AZ”.

I understand that Kamp Kares offers a traditional camp experience called “Survive and Thrive 2025” for youth in grades 7-9 who have been impacted by alcohol and/or substance abuse. I wish to allow my child to participate in the Kamp Kares program at The Elks Camp during the time frame noted above. I understand that payment for the program fees will be underwritten by donors. I also understand that this waiver must be executed by a responsible parent or guardian of the Participant prior to Participant being permitted to participate in the Program.

I understand that the Program contains physical activities that involve exercise, exertion and physical contact with other youth during such activities. There will also be counseling services available by professional counseling staff. I also understand that Kamp Kares and Kares Foundation are faith-based programs but accept peoples of all faiths into their programs. Religious and faith-based topics may be discussed. Although Kamp Kares will be staffed with an appropriate number of counselors, I understand the Participants participation in the Program could result in injury and that such participation and the possibility of such injury, no matter how severe, is entirely at my risk. Kamp Kares recommends that you seek the advice of the student’s physician to make sure that he/she is physically able to withstand the physical rigors of the Program. Kamp Kares makes no guarantee or warranty, and I am advised that participation of Participant in the Program is entirely at my risk. Accordingly, I release and discharge Camp Real and The Elks Camp at Workman’s Creek, and KARES FOUNDATION, and each of its owners, officers, employees and volunteers and their successors, assigns from all claims for any liability, injury, loss or damage in any way connected with the Participant’s participation in the Program. **\*If I do not want my child’s picture to be used in any media produced by Kamp Kares, Kares Foundation, its susidiaries or The Elks Camp at Worksmans Creek, I understand that I must check the box below stating my preference.**

I intend for this waiver and release to apply to Participant’s relatives, personal representatives, heirs, beneficiaries, next of kin and assigns that might pursue any legal action or claim for such liability, injury, loss or damage. Further, in the event that a court of competent jurisdiction finds liability on the part of Kamp Kares, despite the existence of this Waiver, I agree that the amount of any recovery for any such injury shall be limited to the amount that the liability carrier covering such injury is required to pay under Kamp Kares general liability policy. I further intend that this waiver and release shall be effective immediately.

**\*I do not want my child’s pictures used in any future media.**

On behalf of \_\_\_\_\_ [Child’s name] I accept these terms as conditions of his/her participation in the Program.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# KAMP KARES BEHAVIOR AGREEMENT

*KAMP KARES has established specific behavioral expectations for campers to follow during their camp program. Campers and their parents/guardians must sign this agreement prior to camp attendance and submit it with their registration form.*

- Campers will treat everyone in the camp community with respect at all times, including showing respect for others personal belongings, privacy and feelings.
- Campers will respect the camp's facilities and equipment and not take or destroy camp property.
- Campers will remain in the presence of camp staff at all times unless given permission to travel out of the main camp area with a camper buddy.
- Campers agree to abide by the rules and regulations of the camp and are expected to follow directions and guidance provided by the camp staff.
- Campers will not use obscene or foul language or gestures.
- Use, possession or distribution of alcoholic beverages, drugs and illegal substances, including, but not limited to marijuana, narcotics, hallucinogens, etc. is prohibited.
- Cell phone and electronic device use is discouraged during camp, unless extenuating circumstances exist and their use has been pre-approved before camp attendance by administrative staff.
- Abusive behavior, harassment, assault of any kind including physical, verbal, or sexual in nature is unacceptable and will not be tolerated.
- Pets and other animals (including fish) are not permitted at any time, with the exception of service animals.
- Campers will not engage in any activity, which may put themselves, other campers, or staff at risk including the following:
- Smoking cigarettes, pipes, hookahs, burning candles, lighting incense, or any other fire code violation in any cabin, hall or room is not allowed.
- Tampering with fire safety equipment such as sprinklers, pull stations, fire extinguishers, smoke alarms, fire curtains, or any other fire prevention equipment.
- Using space heaters, broilers, sun lamps, potpourri pots, hot pots, toasters any open coil heating element, halogen lights, or tungsten lights (for photography, video, filmmaking) or any non UL or FM approved appliance.
- Hosting an unauthorized guest and/or visitor
- Bringing guns, knives, or weapons of any kind.

If a camper fails to abide by the behavioral expectations the parent/guardian will be notified by phone and asked for assistance in helping their camper make more positive choices. If a camper's behavior does not improve, the camper will be asked to leave camp. Parents are responsible for their campers travel to and from camp. Extreme behaviors may result in immediate expulsion depending on the circumstance. Camp staff have the discretion to expel a camper for any reason at any time if they believe it to be necessary for the health of the camper and the camp.

*I have read and understand these behavioral expectations and I agree to abide by them at all times during my stay at camp.*

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Signature of Camper/ Date

*I have read and understand these behavioral expectations, furthermore I have discussed these expectations with my child and they have agreed to abide by them at all times during their stay at camp.*

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Signature of Parent or Guardian/ Date

# CAMP INFORMATION



## SAMPLE SCHEDULE

7:45am-8:45	Breakfast
8:45-9:00	Survival Training 101
9:00-10:30	Teen Tribe Meeting
10:30-12:00	Survival Quest
12:00-1:00	Lunch
1:15-2:00	Cabin Connection
2:00-5:00	Activities / Free Time
5:00-6:00pm	Dinner
6:15-7:15	Teen Tribe Meeting
7:15-10:00	Campfire, Songs, S'Mores
10:00	In Cabin
11:00	Lights Out

## WHAT TO BRING:

Sleeping Bag or Bedding, Pillow  
(If you need one let us know)  
Clothing for Hiking & Outdoor Activities  
Swimsuit  
Sweater / Hoodie  
Closed Toe Shoes  
Shower Shoes / Flip Flops  
Towel x 2  
Toiletries  
Sunblock  
Mosquito Repellent  
Flash Light  
Card Games / Activities  
Journal and Pen  
Hat & Sun Glasses

If you don't have these items or have access to them, please let us know.

## ACTIVITIES

Swimming	Horses
Boating	Repelling
Fishing	Hiking
Cornhole	Crafts
Pool / Billiards	Campfire
Ping Pong	Skits
Archery	Team Competition
Horse Shoes	Survival Skills Training
Axe Throwing	Service Project

## SPECIAL HIGHLIGHTS:

TEAM TRIBES  
Closing Day Annual  
KARES QUEST  
CHALLENGE  
followed by the  
Thrive 2025 Luau

