



2012 Kids Kamp Registration

Please attach a recent photograph of yourself and send this registration form to:

VCY America, Inc.
3434 W. Kilbourn Ave.
Milwaukee, WI 53208
ATTN: Trail Ridge

To receive an Early Bird Discount, this registration must be completed and postmarked by **April 30, 2012.**

All registrations for Kids Kamp must be completed and postmarked by **June 23, 2012.**

Full payment of **\$195** (unless discounts apply) is due upon arrival at camp. However, payment in advance is preferred.

No camper will be allowed to participate in any camp activities until full payment is made.

Circle which week you are registering for:

<u>Week 1</u> July 9-14	<u>Week 2</u> July 16-21	<u>Week 3</u> July 23-28
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Camper Information (Please print clearly)

Name _____ Gender: Male _____ Female _____

Birthday _____ Age _____ Grade most recently completed: _____

Address _____ City _____

State _____ Zip _____ Cabin Mate Request: _____

Have you ever attended camp at Trail Ridge before? No _____ Yes _____

Church and Pastor's Name _____

Child Drop-off Information (Monday morning between 9 and 11)

Vehicle Operator's Name and Relation _____

Child Pick-up Information (Saturday morning between 9 and 10)

Vehicle Operator's Name and Relation _____

Office Use Only

REC: _____ SCH: _____ PMT: _____ DB: _____ CL: _____

Parent Information

Parent 1 and Relation (father, mother, guardian) _____

Address (if different from camper's) _____

City _____ State _____ Zip _____

Primary Phone # (____) _____ - _____ Secondary Phone # (____) _____ - _____

Email _____ FAX # (____) _____ - _____

Parent 2 and Relation (father, mother, guardian) _____

Address (if different from camper's) _____

City _____ State _____ Zip _____

Primary Phone # (____) _____ - _____ Secondary Phone # (____) _____ - _____

Email _____ FAX # (____) _____ - _____

Emergency Contact 1 (other than parent)

Name: _____ Relation to Camper: _____

Primary Phone # (____) _____ - _____ Secondary Phone # (____) _____ - _____

Emergency Contact 2 (other than parent)

Name: _____ Relation to Camper: _____

Primary Phone # (____) _____ - _____ Secondary Phone # (____) _____ - _____

Medical Information

Health Insurance Company _____

Insurance Card # _____ Expiration Date ____/____/____

Insurance Note _____

Doctor's Name _____ Doctor's Phone # (____) _____ - _____

Allergies (Please list any allergies your child has beside the correct category)

Medications _____

Insects _____

Food _____

Other(s) _____

Type of Allergic Reaction: _____

Treatment given for said reaction: _____

Medications

Medications Taken Regularly (dosage and times administered) _____

Reason for taking medication: _____

Medical Conditions

Preexisting Medical Condition(s): _____

Measures taken in response to above listed condition(s): _____

Specific activities to be restricted: _____

Reason for restriction: _____

Does your camper have any special medical dietary needs? _____

Recent Shots and Vaccines

Please attach a copy of your camper's immunization records with this completed registration.

Other Medical Notes:

"I have read the 'General Information' material enclosed with this registration with my child, and I agree to support TRAIL RIDGE CAMP in their dress and conduct regulations for my child while at camp. I also give permission to use photos, audio and video footage including my camper in camp publicity. In case of medical emergency, I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for and order injection and anesthesia or surgery for my child as named above. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I hereby hold VCY America, Inc. and Trail Ridge Camp and Conference Center harmless for any medical expense incurred for the benefit of my child. I, as parent/guardian, am fully responsible for all medical expenses incurred on the behalf of my child. I also affirm that the medical information on this form is complete and correct."

Name of parent or guardian: _____

Signature: _____ Date: _____

"I have read the 'General Information' material enclosed with this registration along with my parents, and I agree to comply with the dress and conduct regulations while at camp."

Signature of camper: _____ Date: _____

All information provided on this application shall remain in the possession of Trail Ridge Camp and Conference Center and shall remain confidential

General Information

Nurse

Each week, Trail Ridge has on hand a camp nurse who is a certified RN, LPN, EMT or Paramedic. We also have a hospital and clinic just 9 miles away from the camp facilities. The health and safety of all our campers and staff is vitally important to us!

Lifeguard

Also, each week we have a certified lifeguard on hand to supervise all pool and waterfront activities.

Lost and Found

Lost and found items not claimed within 30 days of the camper's departure will be disposed of. It will be the camper and parent's responsibility to pay for the cost of shipping any lost and found item.

Cost

The cost for a week of camp is only \$195. This fee includes payment for overnight cabin accommodations, 15 meals, group activities, nine chapel sessions, supervision of a caring staff and interaction in the beauty of God's wonderful creation.

Scholarships

-Early Bird Scholarship

~A discount of \$20 will be granted to any camper (unless disqualified by the CVS) who has their complete registration and payment sent in and postmarked by the date specified on the registration form

-Child of a Volunteer Scholarship (CVS)

~A child whose parents are volunteering for a week or more at Trail Ridge is eligible for this scholarship.

~A parent who brings one of their own children to camp as a camper will receive a 100% discount on that child.

~A parent who brings more than one of their own children will receive a 100% discount on their first child and a 25% discount on any children after that.

~If both parents attend camp to volunteer and have two of their children attending camp, both children will attend at a 100% discount.

~A recipient of the CVS is disqualified to receive any other scholarship.

-Lifeline Scholarship

~The Lifeline Scholarship is offered to at risk and underprivileged youth who are unable to afford a week at camp.

~The amount may range anywhere up to a 100% scholarship.

~Contact VCY America for more information

Arrival/Departure

-The week of camp begins between 9 and 11 on Monday morning for registration.

-Campers get picked up from 9-10 the following Saturday morning.

Conduct

-If a camper's conduct is threatening, dangerous or distracting to other campers; and if the camper is not responding to discipline, that camper will be dismissed from the camp with no refund.

-Dismissible conduct may include but is not limited to lying, stealing, horseplay, disrespect, bodily harm to others, vandalism or inappropriate language and gestures.

-When a camper is dismissed, it is the responsibility of the parents to come immediately to camp to pick up their camper. That camper will be asked to pack their personal belongings and prepare for their parent's arrival. They will not participate in any camp activity, and will be isolated from contact with any other campers. If their parents cannot come until after the next scheduled meal, the camper will be allowed to eat separately from the rest of the campers.