

For Office Use Only

___ Vet ___ New

Date Received _____

Angel Tree ___ Y ___ N

Date Acknowledgement Sent _____

Missing Info _____

2024 GRACE Camp Camper Registration

Please make every effort to provide ALL requested information, even if it is requested more than once

___ I am in need of transportation (Applications for those needing transportation will be accepted up to two weeks prior to camp)

___ I will provide transportation for my camper(s) (Applications for those providing transportation will be accepted up to one week prior to camp)

___ I need directions to camp

GRACE Camp 2024 will be held at Uskichitto Retreat Center June 10 - 14

Child's Name _____ Goes by _____

Address: _____ City _____ State _____ Zip _____

Gender ___ Male ___ Female Ethnicity: Black White Hispanic Asian Biracial Other _____

DOB _____ Age _____

Person child lives with _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Grade expected to enter in Fall 2024 _____ School _____

Church child attends, if any _____

Child's T-shirt size: Youth 6-8(S) 10-12(M) 14-16(L) or Adult S M L XL XXL (circle one)

***If any of the following information is missing, application will be moved to the end of the admission list**

*Name of person who is or has been incarcerated _____

*Relationship to child _____ *Name of Facility _____

*DOC Number _____ (This is a VERY IMPORTANT piece of information.

Please make every effort to provide) Still incarcerated: Yes No Release date: _____

Has child been arrested or had any previous trouble with juvenile authorities? Yes No

If yes, please explain (use additional paper if necessary)

Emergency contact (not yourself) in case parent/guardian cannot be reached

Name _____ Reliable phone number _____

Relationship to child _____

Information about child camp staff needs to know (School IEP, disabilities, etc.) _____

If this is your child's first year attending camp, where did you hear about us? ___ Church
___ OCS ___ School ___ Family Member ___ Veteran Camper ___ GRACE Staffer
___ Angel Tree Other _____

CHILD'S HEALTH INFORMATION

A copy of the child's medical insurance card MUST be provided. Your child WILL NOT be accepted if the card is not provided

Provider Name _____ Group/Member Number _____
Physician's Name _____ Office Phone _____
Medicaid Number, if applicable _____

Date of last Tetanus/Booster _____

Please indicate if your child has any medical conditions or issues the camp staff should be aware of, such as asthma, allergies, ADD/ADHD, diabetes, seizures, depression, food restrictions, physical restrictions, etc. If none, please state so. _____

Please indicate any medications your child should take during the week of camp and for what conditions _____

Please send any medications your child takes ON A REGULAR BASIS in the ORIGINAL bottle WITH dispensing instructions. These will be given to the camp nurse upon arrival, dispensed as needed during the week, and returned at the end of camp. _____

PLEASE REMEMBER TO SEND A COPY OF YOUR CHILD'S MEDICAL CARD AND ANY MEDICATIONS TAKEN ON A REGULAR BASIS

GRACE Camp maintains a first aid kit with common OTC medications such as Tylenol, Benadryl, Ibuprofen, Aspirin, etc. Please indicate any OTC meds that should not be administered to your child. _____

PARENTAL CONSENT AND LIABILITY RELEASE

*I give my permission for my child, _____, to attend GRACE Camp. I also agree AND consent to allow my child to be transported to and from camp (if needed) by the persons approved by GRACE Camp, Inc. I agree not to hold these persons, the GRACE Camp staff, or any other entity representing GRACE Camp, Inc. liable for any accident or injury which may occur during the transporting of my child to and from camp.

Signature _____

Circle One: Parent Guardian Caregiver Other _____

*I give my consent for my child to participate in the indicated activities. I RELEASE Uskichitto Retreat Center AND GRACE Camp, Inc. from any liability resulting in injury or accident while participating in any of the indicated activities. (NO CAMPER will be allowed to participate in these activities without SIGNED PERMISSION)

___Swimming ___Water Activities (slides, kickball, slip n slide, etc) ___Archery

___Axe Throw ___BB Gun Range (with safety instruction) ___Climbing Wall

*My child, _____, has my permission to participate in the above indicated activities.

Signature _____ Date _____

*If, during the course of any activity or event in which my child participates while at GRACE Camp, my child is injured or becomes ill, the camp staff has my FULL PERMISSION to seek any medical attention they deem appropriate or necessary, including transporting my child to a hospital or medical doctor. I agree not to hold GRACE Camp, Inc, the GRACE Camp Director or staff, the URC facility, or any church or their representatives liable for the accident, injury or illness that may occur while my child is participating, with my full permission, in said activities or events held during the GRACE Camp week.

Signature _____ Date _____

*My child ___may___ may not be photographed while attending GRACE Camp.

Remember that ALL campers will receive a head check upon arrival. If your child is found to have head lice, he/she WILL NOT be allowed to stay.

Please return application(s) to: Carol Bates
3070 Fm 1004 W
Kirbyville, TX 75956

Or email it to: carolbates1959@gmail.com