

# Camper Registration

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip

Age

Birthday

Male

Female

T-Shirt Size (Child) XS S M L

T-Shirt Size (Adult) S L XL XXL

E-mail

\_\_\_\_\_

Medical Information

\_\_\_\_\_

Date of Last tetanus shot

\_\_\_\_\_

\_\_\_\_\_

Medications and frequency needed

\_\_\_\_\_

\_\_\_\_\_

Significant Medical History Including Allergies

\_\_\_\_\_

Father's Name  
and Phone

\_\_\_\_\_

Mother's Name  
and Phone

\_\_\_\_\_

Additional emergency  
contact phone

\_\_\_\_\_

Family doctor's  
name and phone

\_\_\_\_\_

Name of friend, camper would  
like to share a cabin with.

Fees

Total Cost (including registration fee) - \$175.00.  
A \$25 non-refundable registration fee due with  
this registration. The balance is due by the start  
of camp.

All registrations not received by June 27,  
2010 will incur a \$15.00 late fee.

Early Bird Special - all registrations  
received by May 17, 2010 will receive a  
\$15.00 discount.

Bring a friend discount - all registrations  
received with a new friend (has not been to  
Camp KidzQuest) registration will receive a  
\$10.00 discount per friend.

I, the undersigned parent/guardian of \_\_\_\_\_  
HEREBY AUTHORIZE AND GIVE PERMISSION to Camp  
KidzQuest, its agents and staff to transport my child to such  
physician and/or hospital as they may select, AND TO  
AUTHORIZE and SECURE such hospitalization, treatment,  
surgery and/or medications for my child as they or health  
care professionals involved may deem necessary for my  
child's well being, AND TO HOLD HARMLESS Camp  
KidzQuest, its agents and staff with respect thereto,  
associated with this program and assume responsibility for  
my child participating in any of Camp KidzQuest's program  
areas and for indemnify, release and discharge Camp  
KidzQuest and its directors, agents and staff from liability  
arising from my child's participation in camp activities. I  
further authorize us to make and use photographs,  
video and/or sound recordings of my child made during the  
camp for promotional and other camp purposes.

\_\_\_\_\_  
Signature of Parent(s) / Guardian(s) (mandatory)

Please send completed registration to:  
Camp KidzQuest Offices  
C/O Gerry Wachsmann  
3925 S. Maybrook Av.  
Independence, MO 64055