

2019 Camp KUDOS Camper Application

Location Change: Springfield Middle School 1711 Springfield Pkwy, Fort Mill, SC 29715

Dates: July 12th, 13th, and 14th, 2019, 9:00 AM to 4:00 PM
Camp Fee: \$125.00 Non-refundable (make check payable to KUDOS)
Application Deadline: April 22, 2019
Submit completed application and camp fee to: KUDOS
P.O. Box 1112
Matthews, NC 28106

Application Guidelines:

1. **Please be sure to complete the entire application. Signature of Parent/Guardian is required in Section II and Section III. Incomplete applications will be returned, which will delay processing.**
2. Camper positions are filled on a first come, first served basis.
3. Applications will only be accepted by mail to the above address.
4. Having your check cashed is confirmation of your child's registration. Camper information packets will be mailed to registered campers in late June.

Camp Director: Katelyn Evans Katelyn.campkudos@gmail.com or 704-960-0594
Camp Registrar: Beth Theiling Campkudos@outlook.com or 704-589-3429

Section I Please Check One:

_____ I have enclosed a check for \$100 for my child's camp fee (non-refundable).
_____ I have enclosed a check for \$100 + an additional amount to help sponsor another child.

Please Check One: My Child is applying for:

_____ Camper Position – Currently 4 years old to 8th grade

_____ CIT Position – Currently in 9th, 10th, or 11th grade and be < 18 years old. **CIT Applicants must include a 200-word essay on why they would like to be a Counselor-In –Training at Camp KUDOS.**

Date of Birth _____ Current School Grade: _____ Circle: Male Female

Name _____

First Middle Last Prefers to be called

Address _____

City, State, Zip Code _____

Phone: Day _____ Evening _____ Cell _____

T-Shirt Size (please circle) Youth S / Youth M / Youth L / Adult S / Adult M / Adult L / Adult XL / Adult XXL

Parent/Guardian Name _____

Parent/Guardian Contact #s during Camp _____ and/or _____

Emergency Contact Name: _____

Emergency Contact's relationship to camper: _____ Phone #: _____

Camper's Health, Accident and/or Hospitalization Insurance:

Company: _____ Policy #: _____

Section II

Health and Development Information

Camper's Name: _____ Date of Birth: _____

Date Diabetes Diagnosed: _____ Current Ht: _____ Wt: _____

Doctor that Monitors Diabetes: _____ Ph #: _____

Glucose Monitoring: Is Camper able to test own blood sugar? _____

Name of meter used: _____

Insulin Administration: Circle type of insulin used -- Humalog Novolog Apidra Lantus Levemir

Method of Delivery (circle): Injections with Syringe Insulin Pen Insulin Pump

If injections, does camper give own injections? ___ Yes ___ No

If pump, please list type of pump used: _____

If pump, does camper give own bolus? ___ Yes ___ No

As insulin doses may change between registration and camp time, current insulin doses should be listed on the camper "Admission Ticket" that will be mailed to registered campers in late June. *

Special Diet Considerations or Food Allergies: _____

Other Non-Food Allergies (Including Medications): _____

Other Chronic Illnesses/Conditions: _____

Other Medications camper regularly takes: _____

I give my permission for my child to apply sunscreen at Camp KUDOS ___ Yes ___ No

Camper's Swimming Ability (Circle One) Afraid of Water Beginner Comfortable Advanced

Are Campers immunizations up to date? ___ Yes ___ No

Please list activity restrictions: _____

Please list behavioral or developmental concerns: _____

Other information you would like us to know about your child? _____

Is your child able to follow simple directions? ___ Yes ___ No

Is your child ready to be away from parents for the entire day? ___ Yes ___ No

For Campers under age 5: Is your child potty trained during the day? ___ Yes ___ No

Parent/Guardian Signature: _____

Date: _____

Section III

Camp KUDOS Consent, Release and Waiver of Liability

***"Participant" refers to campers, volunteers, staff, counselors, nurses, etc. "Camp" refers to Camp KUDOS.

I am the camp Participant or the parent/guardian of the minor child participating in Camp KUDOS and am fully competent to sign this agreement. I understand that I have approved the Participant's request to participate in the 2019 session of Camp KUDOS.

I understand that the Camp involves various physical activities, including but not limited to (a) swimming; (b) transportation via bus, van, or motorized vehicles; and (c) walking/running/playing and that there is risk of injury or even death associated with such activities. I understand the nature of the camp and my or my child's participation in it; I have explained these things to the Participant and his/her participation in it is both willing and voluntary. The Participant is in good health and is physically and mentally capable of participating in all of the activities that will take place at the Camp, including but not limited to those set forth above. In addition, the Participant has adequate health insurance necessary to provide for and pay any medical costs that may arise as a result of injury to the Participant.

In consideration of being permitted to participate in the Camp, the Participant and I assume all risks of such participation. Such risks include but are not limited to swimming, transportation, and walking/running/playing. I further agree that any and all persons associated with Camp KUDOS (including but not limited to any owner, employees, volunteers, nurses, and physicians) shall not be liable for any claims, demands, actions, or causes of action arising out of or in any way connected with the Participant's participation in the Camp, specifically including but not limited to, liabilities, claims, demands, actions, or causes of action relating to bodily injury and illness (including death), property damage or expense suffered by the Participant or me. Therefore, on my behalf, the Participant's behalf and the heirs and assignees of both of us, I do hereby forever release and discharge the Camp, as well as its owner, employees, volunteers, nurses, or physicians from all such liabilities, claims, demands, actions or causes of action.

With the Camp and its activities fully explained to me and all of my questions answered to my complete satisfaction, I consent to the Participant's participation in the Camp and accept the facilities, premises, supervision, and equipment used in connection therewith. I execute this Consent, Release, and Waiver of Liability for full, adequate and complete consideration, fully intending for the agreement to be binding on me, the Participant and the Participant's family, estate, heirs, administrators, personal representatives and assignees.

In addition, I do hereby grant the staff of Camp KUDOS the right to authorize emergency medical treatment for the Participant named below in the event that I or my designated representative cannot be reached. I understand the North Carolina Good Samaritan Law will apply. I understand that Camp KUDOS personnel will call 911 in a life-threatening situation and then contact the Participant's parents/guardians. In a non-emergency situation, I understand that Camp KUDOS will call the parents/guardians first, then emergency medical technicians and the Participant's physicians and will transport the Participant to an appropriate hospital emergency department. I agree to be responsible for the cost of such emergency medical care. I further grant permission for any medical examination, adjustments in diabetes regimen, treatment of illness or injury and emergency treatment of illness or injury as is deemed necessary by the Camp Medical Director. Further, I release Camp KUDOS, its owner and all employees, volunteers, nurses, and physicians from liability for any cause whatsoever and for any injuries or damages incurred during or after the Participant's participation in Camp KUDOS or its activities.

I also give permission for KUDOS to photograph, videotape, or televise the Participant for medical, educational, public relations, or fundraising purposes.

Participant's Name: _____ Date of Birth: _____

Parent/Guardian Signature if Participant is a Minor: _____ Date: _____

Participant Signature if Participant is Adult Staff Member: _____ Date: _____