



Office Only: Camper # _____
Confirm App ___ Health ___ Liability ___ Deposit ___
Fully Registered ___

2017 Camper Application

Date _____ Amount _____ Payment Type: Cash ___ Visa ___ Master Card ___ Discover ___ Check ___

CC # _____ CC Expiration _____

Credit/Debit card payments must be completed over the phone or at our office. Please contact us once you have submitted your application.

Name as printed on card _____

Return completed application and **\$75 deposit**, which is applied toward your camp fees.

2017 Session Dates and Rates (please select which week your camper will attend)

_____ FTK Camp Week ONE- July 9 – 14 ages 9 to 17 : \$175

_____ FTK Camp Week TWO- July 16 - 21 ages 9 to 17 : \$175

CAMPER INFORMATION

Last Name _____ First Name _____

_____ Female _____ Male T Shirt Size _____ Date of Birth _____

Street _____

City _____ ST _____ Zip _____

Home phone with area code: _____

Current Grade (Fall 2016-Spring 2017) _____ School _____

Years at FTK _____ Camper's home church _____

Preferred Parent Email _____

Camper is living with: _____ Both parents _____ Mother _____ Father

Other: _____

PARENT INFORMATION: Parents, please provide all requested information.

FATHER

Last Name _____

First Name _____

Home phone (____) _____

Street _____

City _____

State _____ Zip _____

Work Telephone (____) _____

Cell/Pager (____) _____

Email _____

Step-parent Name

Stepfather _____

Stepmother _____

How did you learn about FTK? Check one:

Internet Ad Website

Friend(s): List name

MOTHER

Last Name _____

First Name _____

Home phone (____) _____

Street _____

City _____

State _____ Zip _____

Work Telephone (____) _____

Cell/Pager (____) _____

Email _____

BILLING INFORMATION (Complete only if different from camper's home address)

Last Name _____

First Name _____

Street _____

City /ST/ZIP _____

Email _____

1. Balance of all camp fees is due on or before June 16, 2017. For The Kingdom reserves the right to cancel enrollment if fees are not paid in full by June 16, 2017, refunds will not be issued after this date. The obligations of the camp for counselors, employees, and general expenses are fixed for the summer and the absence of a camper does not lessen operating expenses. Also, the Directors reserve the right to dismiss a camper when it is deemed to be in the best interest of either the child or camp, or for violation of camp rules. Absolutely no refund or fee reduction will be made for dismissal or withdrawal from a week of camp.
2. I give permission for photographs or video footage to be used of my child by the camp for promotional purposes.
3. Parents or Guardians with campers who are not covered by family insurance for illness and/or accidents are responsible for any and all charges incurred in the treatment of their child while participating in camp activities.
4. I understand there is a certain degree of risk and possible injury by reason of the camp and its activities. In the event I cannot be reached in an emergency, I hereby give permission to the nurse/ safety officer selected by the Camp Director to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for my child as named in this application.
5. I understand this application must be signed and include a deposit to be valid.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Camper Questionnaire

This information is to help us make sure that your camper has the very best summer camp experience possible. Please note that this information will only be made available to those working directly with your camper.

Camper Name: _____ Age: _____ Grade: _____

Parent Name _____ Phone _____

1. Has your camper previously been away from home for an extended period of time? If yes, please briefly describe the experience?

2. List any special talents or interests that your camper may have.

3. List any special needs your camper may have.

4. Are there any special concerns you have regarding your camper while he/she is at camp?

5. What does your camper hope to gain from this camp?

6. What do you desire your camper to gain from camp?

7. Does your child have any condition(s) which would require them to limit which activities they participate in at camp?

Please write us a note on the back of this form if there is any additional information that you feel might be helpful.

For The Kingdom Camp

PARENTAL MEDICAL CONSENT FORM

Camper Name _____ Age ____ Birth date _____
Address _____ Phone (____) _____
City _____ State _____ Zip _____ School _____
Grade in 2016-17 school year _____
Parent(s) Cell Phone: Father _____ Mother _____
Alternate Emergency Contact _____
Home Phone _____ Work Phone _____ Cell Phone _____
Preferred email _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____
_____, to attend and participate in all activities provided by
For The Kingdom Camp (FTK).

After failed attempts to contact us (me), we (I) authorize the adult FTK staff in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expense incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation cost.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in all activities provided by FTK.

_____	_____	Hospital Insurance: Yes _____ No _____
Camper	Date	
_____	_____	Insurance Company _____
Father	Date	
_____	_____	Policy Number _____
Mother	Date	
_____	_____	Primary Doctor _____
Legal Guardian	Date	

Health History: (please circle)

Allergies	Epilepsy	Seizure Disorder
Drugs	Diabetes	Physical Handicap
Asthma	Cardiac	Emotional Handicap
Hay fever	Chronic Asthma	Mental Handicap
Insect Stings	Insect Bites	Nervous Disorder
Other: _____		

Date of last Tetanus Shot: _____

If you have circled any of the above concerns, please provide
details _____

For The Kingdom OTC Medication – Parent/ Guardian Permission Form

Dear Parent or Guardian:

In accordance with current policies regarding medication distribution in camps, we have compiled the following list of oral medications available in the camp medical office. Please check the over-the-counter medications which you approve of your child receiving. All medications are given only as directed and only with your permission.

AILMENT	MEDICATION
Headache	Adult Tylenol ____ Children's Tylenol ____ Chewable Tylenol ____
Bite/Sting/ Poison Ivy	Benadryl 25mg ____ Calamine Lotion ____
Minor Cut/ Scrape	Neosporin ____
Sore Throat	Chloraseptic Spray ____
Upset Stomach	Tums ____ Pepto-Bismol ____ Mylanta ____
Cough	Robitussin DM ____ Cough Drop ____
Nasal Congestion	Sudafed ____ Dimetapp ____

Any over-the-counter medications as deemed necessary ____

I/We hereby give For The Kingdom permission to administer the over-the-counter medications checked above, should the need arise.

Camper's Name _____

Parent/ Guardian's Signature: _____ Date: _____

Parent Info

Arriving at Camp:

- Check-in begins at 3:00 p.m. and closes at 5:00 p.m. Be sure to wear comfortable shoes! Arriving at camp you will be greeted by a smiling staff who will direct you to your cabin. Parking opens at 3:00 p.m. Please wait in your car if arriving earlier—We are not able to accommodate early drop offs.
- From your car you will be directed to our registration tables where you will drop off any medications, double check all forms and information, and finally receive your cabin assignment.
- You and your camper will be escorted to your cabin where your child's counselor will be waiting and help him or her get settled into a bunk. No bunk saving!
- Campers do not need money at camp.

Closing Day:

Please join us for the **Closing Ceremony on your last day of camp at 11:30 a.m.** Please do not come into the Dining Hall during breakfast. You will checkout your camper following the closing ceremony.

- **Your written permission is required for FTK to release your child to someone else.** Please notify the camp director during check-in if this is your plan.
- **We ask that no child leave until Friday morning.** This is to ensure your child and all the campers receive the maximum benefit of their time at camp. Visits during the week are strongly discouraged—each camper and staff member has a full schedule.

Health Matters:

- **Campers must have completed FTK Health Forms on file prior to the beginning of camp session.** Also attach a copy of your insurance card front and back.
- **Medications should be turned in during Check-In.** Campers are not permitted to have any medications in the cabin. Medications will only be dispensed from their original containers. Prescription drugs must be in the original container and prescribed to your camper. Non-prescription drugs will be dispensed only under the signed instructions of a parent or physician. The camp infirmary keeps a stock of commonly needed medications, so bringing non-prescription drugs is unnecessary. The Health Supervisor makes certain all campers receive medications as directed on the health form. **Please keep sick campers at home** so as to not expose our other campers. A child should be free of fever, lice, or any signs of contagious disease for at least 24 hours before arriving at camp. If your child gets sick immediately prior to his scheduled camp week please call the office to make arrangements for late arrival etc.
- During camp **we will contact you if your camper requires more than 24 hours of rest in the infirmary, needs to visit the doctor, or receive prescription medication.**

Staying In Touch with your child:

- **Campers love to get mail!** Send cards and letters and encourage family and friends to do the same!
Address it to your camper's full name and include your camper's cabin (once known) on the envelope. We encourage you to send a letter before coming to camp so that your camper will receive mail early in the week. (In this case we will be sure it gets to the right cabin). You may even drop off letters at check in for us to give to your camper throughout the week. Please do not fax letters to campers through the camp office.

Send Mail to: "Your Child's Name"
For The Kingdom
4100 Raleigh Millington Rd.
Memphis, TN 38128

Please reserve telephone calls for business purposes and emergencies. The camp experience is "unplugged", so campers do not have access to a phone. Cell phones are not allowed. Your questions are always welcome by our camp office. One of our staff will contact you if we have concerns about your child.

For The Kingdom Camp
LIABILITY RELEASE FORM

In consideration for being accepted For The Kingdom Camp (FTK) for participation in all FTK activities and programs, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless FTK, Memphis Leadership Foundation and _____ (church or ministry) the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in FTK activities.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participating in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said camp to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify FTK and Memphis Leadership Foundation, its directors, employees and agents, for any liability sustained by FTK and Memphis Leadership Foundation as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in FTK activities and programs, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

(Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign).

_____ Date

_____ Date

_____ Date

“What to bring for a FTK Week of camp”

Toiletry supplies (toothbrush, toothpaste, soap, shampoo etc.)

Sunscreen

Water bottle

Bible, paper & pen

Sleeping bag or xl-twin sheets and pillow

Pajamas

One pair of pants (at least)

8 tops/shirts and 8 bottoms/shorts

-It can get messy at camp; your camper will get dirty-

Shower shoes/ flip flops

light jacket or sweatshirt

Swim suit (no two-piece suits)

Face, hand, bath and beach towels

Poncho or rain jacket

2 pair of shoes for walking (not sandals)

-Campers must wear closed shoes at all times when outside of cabin-

Insect repellent

Disposable Camera (optional)

Prescription medication (will be turned over at registration)

Additional Info:

There is no need for spending money at FTK, please leave all money at home.

Please leave snacks, fireworks & all personal electronics—cell phones, iPods, MP3 players, video games, etc.- safely at home.

Mail to campers should be postmarked no later than 2 days prior to the last full day of camp (usually Tuesday).

FTK has a NO PETS policy, including arrival & departure.

Dress Guidelines

Girls: no spaghetti straps, belly shirts, two-piece swimsuits or short skirts/ shorts

Guys: no Speedos, underwear showing above the waistline of your pants or shorts

All: No garments with suggestive or inappropriate designs or words.

If you have questions please contact our office:

For The Kingdom
4100 Raleigh Millington Rd.
Memphis, TN. 38128

Office: (901) 383-1802
Fax: (901) 383-1816
contact@ftkmemphis.com