

## KAPAMILYA CAMPER INFORMATION

<b>FIRST NAME:</b>	<b>LAST NAME:</b>
<b>BIRTHDATE:</b>	<b>ETHNICITY / CULTURAL HERITAGE:</b>
<b>ADDRESS:</b>	
<b>CITY/STATE/ZIP:</b>	

## PARENT/GUARDIAN INFORMATION

<b>PARENT/GUARDIAN NAME #1:</b>	<b>PARENT/GUARDIAN NAME #2:</b>
<b>ADDRESS (IF DIFFERENT FROM ABOVE):</b>	<b>ADDRESS (IF DIFFERENT FROM ABOVE):</b>
<b>CELL PHONE:</b>	<b>CELL PHONE:</b>
<b>WORK PHONE:</b>	<b>WORK PHONE:</b>
<b>EMAIL ADDRESS:</b>	<b>EMAIL ADDRESS:</b>
<b>EMERGENCY CONTACT - ALTERNATE PICK UP</b> (List those individuals in addition to parent/guardians listed above who are permitted to pick up your child)	
<b>Alternate Contact Name #1:</b>	<b>Cell Phone:</b>
<b>Alternate Contact Name #2:</b>	<b>Cell Phone:</b>

## MEDICAL INFORMATION and SPECIAL CONSIDERATIONS

Check any that apply to your child. With awareness of your child's needs, staff may be able to modify activities and techniques for inclusiveness prior to the start of the camp.

**NO SPECIFIC MEDICAL/BEHAVIORAL CONDITION(S)**

List any FOOD ALLERGIES: \_\_\_\_\_

List any NON-FOOD ALLERGIES: \_\_\_\_\_

Please specify any physical, emotional or behavioral conditions, including cognitive, LD, ADD, ADHD, or autism requiring medication, treatment, special restrictions or considerations while at camp:

List triggers, signs, or symptoms for these conditions and what techniques do you recommend to help manage and/or deescalate behavior.

List activities from which the camper should be exempted for health reasons or require special accommodations:

When you want to be notified for minor injuries (e.g. scrape, non-allergic bee sting, bloody nose, sliver) that do not limit participation? \_\_\_\_\_ **Immediately** \_\_\_\_\_ **At camper pick up**

## **PERMISSION TO SECURE TREATMENT**

Designated camp staff are certified in First Aid, CPR, AED, EpiPen and asthma inhaler assistance. They will take whatever emergency medical measures are deemed necessary for the protection and safety of the camper within their training.

In the event of any emergency, I authorize KCC and KWC staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility if I am unable to be reached first.

<b>PARENT/GUARDIAN SIGNATURE &amp; DATE:</b>	<b>PRINT NAME:</b>
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<b>CAMP SCHEDULE OPTIONS</b>	
<input type="checkbox"/> <b>1<sup>st</sup> - 3<sup>rd</sup> Grade</b> <b>Monday, June 10 - Friday, June 14</b> <b>9:30am-12:00pm</b>  <b>Monday, June 17 - Wednesday, June 19</b> <b>9:30am-12:00pm</b>	<input type="checkbox"/> <b>4<sup>th</sup>-6<sup>th</sup> Grade</b> <b>Monday, June 10 - Friday, June 14</b> <b>12:00pm-3:00pm</b>  <b>Monday, June 17 - Wednesday, June 19</b> <b>12:00pm-3:00pm</b>

List any dates you have planned absences during the scheduled camp session:

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## **CAMP RATES:**

- \$40 per participant / \$80 maximum per family unit household
  - *Checks Payable to: Ketchikan Wellness Coalition*

For Camp Scholarship or Discounted Camp Fee information, please contact Alma Manabat Parker 907.821.0488

<b>FOR OFFICE USE ONLY</b>				
<b>FORM OF PAYMENT</b>	<b>CASH</b>	<b>VENMO</b>	<b>CHECK#</b>	<b>SCHOLARSHIP</b>

Please read this form carefully and be aware in registering your minor child for participation in the KAPAMILYA CULTURE CAMP (KCC) program offered by KETCHIKAN WELLNESS COALITION (KWC) Strengthening Cultural Unity, you will be waiving and releasing all claims for injuries you or your minor child might sustain arising from the program.

KCC and KWC are committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. KCC and KWC strive to reduce such risks and insist that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that KCC and KWC do not carry medical accident insurance for injuries sustained in their programs and activities. The cost of such medical expenses would make program fees prohibitive. Therefore, each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make KCC and KWC automatically responsible for the payment of medical expenses.

**Release of Liability & Permission to Secure Treatment**

- I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages, or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).
- I agree to waive and relinquish all claims I or my minor child/ward may have against KCC and KWC and its administrators, camp staff, volunteers, and employees as a result of participation in the program.
- I do hereby fully release and discharge KCC and KWC and its administrators, camp staff, volunteers, and employees from any and all claims from injury, damage or loss with the activities of the program(s). I further agree to indemnify and hold harmless and defend the KCC and KWC and its administrators, camp staff, volunteers, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).
- In the event of any emergency, I authorize KCC and KWC to secure from the local hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

**Photography Release**

I give permission for my child's image, voice, and name to appear in video or audio recordings, films, photographs, written articles, promotional materials, or on KWC websites, other affiliated social media platforms, and Bitanga Productions. I understand that I will not be compensated for use nor will I seek compensation for use of my child's image, voice, and name. I further release my rights to ownership of any materials and promotional videos/recording produced by KWC and Bitanga Productions. I can revoke this release at any time by submitting a written request to KWC representative.

<b>PARENT/GUARDIAN SIGNATURE &amp; DATE:</b>	<b>PRINT NAME:</b>
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