2027 Kamp Kiwanis® Adult Online Pre-App

Please return to:
Kamp Kiwanis
9020 Kiwanis Road
Taberg, NY 13471
Tel: (315) 336-4568
kamp@kampkiwanis.org www.kampkiwanis.org
facebook.com/KampKiwanisNY

FOR OFFICE USE ONLY
Date Received _____
Date Entered _____
Date Completed _____
Health Center _____
SN Approved _____

Please fill out this quick one page Pre-app and send it to Kamp with the $200 deposit per session or give it back to your sponsor. You **MUST** have a working email that you check. Kamp will send you a link and username once we receive this quick app. The online application cannot be started without this sheet and the $200 deposit per session. Please fill out the other sheets and save to be uploaded to your online application.

Kamper name _____/_____/_____
Last First Middle

Birth Date _____/_____/_____ **Gender:** _____
Month Day Year

Wheelchair? Y N **Electric Wheelchair?** Y N

Parent/Guardian #1/Agency 24 hour contact Guardian

Name _____/_____/_____
Last First Middle

Email (Mandatory) _____

Mailing Address _____ Apt#_____
Number Street

City _____ State _____ Zip _____

Relationship to kamper _____ Last 4 of Soc Sec #_XXX-XX-_____None___

Work phone _____ Home/Cell phone _____

Languages spoken_____

PERSON RESPONSIBLE FOR APPLICATION

Sponsoring Agency_____ Paying Agency_____

Agency Contact:_____Phone:_____

Registration

Enroll me in:	Program	Dates	Kamp Fee	Bus Fee	Drive In	Bus Stop (Week 2 Only): Write in
	Adult Session 1	Sunday, June 20– Friday, June 25	$1250.00	$400		
	Adult Session 2	Sunday, June 27-Friday, July 2	$1250.00	$400		

Parent/Guardian Agreement

These sections must be read and signed before your kamper can be accepted into kamp.

If my kamper is accepted, I agree:

- To allow my kamper to participate in all activities except those medically prohibited.
- I hereby grant Kamp Kiwanis and its agents full authority to take whatever actions they deem necessary regarding my kamper's health and safety, and I fully release Kamp Kiwanis from any liability in connection therewith.
- To send necessary medication in original bottles and in a quantity sufficient for the duration of the kamper's kamp stay.
- To notify the Kamp of any changes in my contact information (i.e. changes in address or phone #).
- That the health form is complete and is correct to the best of my knowledge.
- To instruct my kamper in the importance of knowing and abiding by the kamp's rules, regulations and procedures for the safety of kamp participants.
- To authorize social service agencies, schools, clinics, and/or medical professionals to release information which the Kamp director feels necessary to best plan for my kamper at kamp.
- That there are certain hazards and dangers are inherent in kamp events and programs and particularly, but not limited to the activities of swimming, canoeing, hiking, arts & crafts, the performing arts, biking, fishing and sports.
- That Kamp Kiwanis has a right to enforce appropriate standards of conduct and the Kamp may terminate my kamper's participation in the kamp program if he/she does not maintain these standards. If my kamper's participation is terminated, I will pick up and transport my kamper at my expense.
- That Kamp Kiwanis will observe all reasonable precautions in providing for the care and protection of my kamper. By signing this application, I hereby release and hold harmless Kamp Kiwanis, NY District Kiwanis, NY District Circle K, NY District Key Club, Aktion Clubs, Builders Clubs, K-Kids Clubs, Kiwanis Clubs, Circle K Clubs, Key Clubs, Kiwanis International, Kiwanis International Foundation and the NY District Kiwanis Foundation, Inc, its directors, officers, employees, agents, members, and representatives from any and all damages, claims, injuries, and liabilities of whatever kind, *including but not limited to claims for bodily injury or loss or damage to personal property*, which may arise out of my kamper's attendance at Kamp and out of his/her participation in any activities while in attendance at Kamp and/or Kamp-sponsored events.

I give my permission:

- For Kamp Kiwanis to take and use photographs and video of my kamper at kamp in brochures, website, pamphlets, videos, slide shows, and other written or media presentations.

Optional: Cross out this paragraph if you do not give permission.

I understand:

- If my kamper comes to kamp without necessary medication in original containers that I will overnight it to the Kamp immediately.
- That my kamper must comply with the Kamp's rules and standards of behavior.
- If my kamper needs to return home for any reason, I agree to provide transportation as soon as needed.
- I will be available by telephone for the duration of my kamper's stay at kamp and will keep kamp informed as to where I can be reached in the event of an emergency.
- I agree that my kamper will not be allowed to attend kamp until all necessary paperwork is completed and all kamp fees and debts are paid in full or until other arrangements are made.
- That Kamp Kiwanis provides a health center and the stocked over the counter medications at no charge. All bills for Physician's care, dental care, hospital or doctor visits, laboratory tests, x-rays, and prescription medications will be sent directly to the family for submission to it's insurance plan. Kamp will charge the family for any medication ordered by the family physician that we do not stock.

Kamper's Name: _____ **Kamper Signature:** _____

☒ **Parent/Guardian Signature:** _____ **Date:** _____

Permission to Treat

This health history is correct and accurately reflects the health status of the kamper to whom it pertains. The person described has permission to participate in all Kamp activities except as noted by me and/or an examining physician. I hereby give permission to the Kamp to provide, seek, and consent to routine health care, administration of prescribed and over the counter medications, and emergency treatment for my kamper, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization related to the health of the kamper for both routine heath care and in emergency situations. I also give permission for my kamper and/or staff to carry and apply sunscreen on my kamper. I also give permission for the Kamp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. It is my intention that the Kamp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the Kamp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to Kamp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the Kamp representatives related to the person's ability to participate in Kamp activities; and (ii) in the case of minors, to provide relevant information to the Kamp representatives to keep me informed of my kamper's health status. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Kamp to secure and administer treatment for, and order injection, anesthesia, or surgery for this kamper, including hospitalization, for the person named above. I understand the information on this form will be shared on a "need to know" basis with Kamp staff. I give permission to photocopy this form. In addition, the Kamp has permission to obtain a copy of my kamper's health record from providers who treat my kamper and these providers may talk with the program's staff about my kamper's health status.

☒ **Parent/Guardian Signature:** _____ **Date:** _____

Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, gender, sexual orientation, age or disability, and there will be no discrimination in the course of the meal service.

Transportation

Agency	Stop	Week
BFDC	Administration Building, BFDC Queens Village	Adult II
Finger Lakes DDSO	Drive In	Adult II
Newburgh	Exit 17 off the thruway on Rt. 17 and the intersection of Route 300	Adult II
NY Foundling	Yonkers Burger King, Route 87 Exit 3	Adult II
UCP Suffolk	Exit 49 Route 495, Park & Ride between Rt 110 & Pinelawn Road	Adult II