2027 Kamp Kiwanis® Online Quick-App

Please return to:
Kamp Kiwanis
9020 Kiwanis Road
Taberg, NY 13471
Tel: (315) 336-4568
Kamp@Kampkiwanis.org www.Kampkiwanis.org
www.kiwanis-ny.org/Kamp

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

Please fill out this quick one page Quick-App and send it to Kamp or give it back to your Kiwanis Club 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. A $200 per session non-refundable deposit is required from the paying club prior to registration being accepted as complete.

Kamper name _____/_____/_____
Last First Middle

Birth Date _____/_____/_____ **Gender:** _____ **Special Needs?** Y N
Month Day Year

Counselor-in Training (CIT) Program (15-17 & previous Kamper)? Y N

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

Parent/Guardian #1

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_____

Sponsoring Club_____ **Paying Club**_____

Club Contact:_____Phone:_____

Email:_____

Registration Paid by Kiwanis Club

Enroll me in:	Program	Dates	Kamp Fee	Bus Fee	Drive In	Bus Stop (See Last Page): Write in
	Child Session 1	Sunday, July 4-Saturday, July 10	$900.00	$250.00		
	Child Session 2	Sunday, July 11-Saturday, July 17 *Nut Allergy Week	$900.00	$250.00		
	Child Session 3	Sunday, July 18-Saturday, July 24	$900.00	$250.00		
	Child Session 4	Sunday, July 25-Saturday, July 31	$900.00	$250.00		
	Child Session 5	Sunday, Aug. 1-Saturday, Aug. 7	$900.00	$250.00		
	Child Session 6	Sunday, Aug. 8-Saturday, Aug. 14 * Nut Allergy Week	$900.00	$250.00		

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 it's 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 that 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, web-site, 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: _____

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.

Kamp Kiwanis 2027 Child Session Dates

Child Week 1: Sun., July 4 to Sat., July 10
Child Week 2: Sun., July 11 to Sat., July 17
Child Week 3: Sun., July 18 to Sat., July 24
Child Week 4: Sun., July 25 to Sat., July 31
Child Week 5: Sun., Aug. 1 to Sat., Aug. 7
Child Week 6: Sun., Aug 8 to Sat., Aug. 14

Bus Stop Weeks by Division

Division	Stop	Week
1 Adirondack	Drive-in	4
2 Bronx Westchester -South	Morris Park Community Center, 1824 Bronxdale Ave.	2
3 Brooklyn	Coney Island, Kaiser Park, 3038 Neptune Ave	2
4 Capital	I-87 Exit 23 (Rt. 9W)Solid Rock Church, 1 Kenwood Avenue, Glenmont	2
5 Central	Drive-in	4
6 Chemung	Drive-in	4
7 Finger Lakes	Exit 41—Petro Shopping Centers	4
7 Finger Lakes	Exit 46 I-90, Southtown Plaza-Bruegger's Bagels	4
7 Finger Lakes	Drive-in	4
8 Genesee	Exit 46 I-90, Southtown Plaza-Bruegger's Bagels	4
8 Genesee	Drive-in	4
9 Hudson River	Home Store, 100 N. Galleria Drive, Middletown, NY	2
10 Hudson River West	Home Store, 100 N. Galleria Drive, Middletown, NY	2
11 Hudson Tri-County	Home Store, 100 N. Galleria Drive, Middletown, NY	2
12 Long Island North	Behind Hempstead Town Hall Washington & Front Street	3, 5 & 6
13 Long Island South Central	Behind Hempstead Town Hall Washington & Front Street	3, 5 & 6
13 Long Island South Central-East Meadow Club	Behind Hempstead Town Hall Washington & Front Street	3, 5 & 6
14 Long Island Southwest	Our Lady of Good Counsel, 68 Wasner Ave, Inwood, NY	3
14 Long Island Southwest	Behind Hempstead Town Hall Washington & Front Street	3, 5 & 6
15 Metropolitan	Rt 278 to Richmond Ave at 1265 Richmond Ave. Law offices of James A. Dollard	3
15 Metropolitan	Chinatown—PS 124, Yung Wing, 40 Division St., New York, NY 10002	3
16 Mohawk	Drive-in	4
18 Niagara Frontier North	Tonawanda Police Station, Tonawanda, 200 Niagara Street	4
18 Niagara Frontier North	Drive-in	4
19 Niagara Frontier South	Tonawanda Police Station. Tonawanda, 200 Niagara Street	4
20 Ontario	Drive-in	4
21 Queens East	Sunnyside- Queen's Blvd between 46th and 47th Street by Washington Mutual Savings Bank	1
21 Queens East	Exit Realty Genesis: Between 98th and 99th Streets at 98-06 Astoria Blvd in East Elmhurst	1, 6
22 Queens West	Sunnyside- Queen's Blvd between 46th and 47th Street by Washington Mutual Savings Bank	1
22 Queens West	Exit Realty Genesis: Between 98th and 99th Streets at 98-06 Astoria Blvd in East Elmhurst	1, 6
22 Queens West—La Guardia Airport Club	Exit Realty Genesis: Between 98th and 99th Streets at 98-06 Astoria Blvd in East Elmhurst	1, 6
23 St. Lawrence	Drive-in	4
24 Southwestern	Tonawanda Police Station. Tonawanda, 200 Niagara Street	4
24 Southwestern	Drive-in	4
25 Suffolk East	Shirley, NY –Best Market	1
25 Suffolk East	Metropolis Diner-Medford	1
25 Suffolk East	Riverhead-Hotel Indigo, 1830 W. Main Street	1
26 Suffolk West	Rt 495 Exit 49W between Rt110 Park/Ride & Pinelawn Rd	1
27 Susquehanna	Drive-in	4
28 Van Rensselaer	I-87 Exit 23 (Rt. 9W, Solid Rock Church, 1 Kenwood Ave, Glenmont	2

For transportation questions or requests, contact David Rothman at (516) 318-1585.