



KONKO CHURCHES OF NORTH AMERICA

2019 KCNA FAMILY CAMP & CONFERENCE



APPLICATION & AGREEMENT FORM CAMPER / PARENTS & HEADMINISTER

Camper's Name: _____

Last
First
Middle Initial

Parent's Name: _____

Last
First
Middle Initial

Address: _____

Street
City
State / Province
Zip/Postal code

Konko Church of _____ Camper's Gender: M F

Birthday: ____/____/____ Camper's Age: _____ Phone: (____) _____

Month
Day
Year

- Is there any special medical condition or instructions that the participant has that we should be aware of? (Vegetarian, diabetic, high blood pressure, asthma, allergies, etc.) If so, please specifically list any special instructions below, especially in the case of an emergency.

- Is the participant currently taking any medication(s)? If so, please list the name of the medication(s), and list any special medical instructions that we need to be aware of below.

(Parent/Legal Guardian) – Required for all Campers

I, _____, do hereby give my permission for (Camper) _____, to attend the KCNA FAMILY CAMP & CONFERENCE. I understand that the participant for whom I am responsible will participate at his/her own risk and I will not hold the KCNA, its officers, or the staff of the Family Camp responsible for any injury, illness or other mishap that may occur during the program. I also understand that we are both responsible for following any of the rules or regulations of the Family Camp, KCNA Conference policy and the Conference Site.

 Signature of Parent/Legal Guardian Date

(Head Minister)

I, _____, understand all the above and have verified that the medical forms are complete. If the Camper is dismissed from the Family Camp, I shall assume the parent's/guardian's responsibility if the parent or legal guardian cannot accompany the child from the Family Camp or Conference Site and I will arrange for the camper to be sent back to the address stated above.

 Signature of Head Minister Date