

MEKUNO – 2018 REGISTRATION FORM

Please complete each section carefully.

Each of the four pages requires a camper's signature, and parent/guardian's signature for campers 17 and under.

1. **Identifying Data** (Each camper must complete a registration form.)

Camper Name:		Grade Completed:	
Address:		Date of Birth:	/ /
City:		ST, Zip:	
Camper Cell Phone:		Camper E-mail:	
Are you baptized?:		Home Ecclesia:	
All campers need to provide at least one emergency contact:			
Parent/Guardian Name:		Parent/Guardian Name:	
Parent/Guardian Cell Phone:		Parent/Guardian Cell Phone:	
Parent/Guardian E-Mail:		Parent/Guardian E-Mail:	

2. **Wide Margin Bibles:** If this is your first year at MEKUNO, you may reserve a complimentary hard-cover, wide margin Bible. Please understand that availability of versions varies from year to year. Please indicate your first and second choice; we will try to match you with what is available.

___ **King James Version (KJV)** ___ **New American Standard Bible (NASB)** ___ **New International Version (NIV)**

3. **Service placement:** Assignments will be in the Northeast Ohio area. Please list restrictions, if any, that you have regarding placement for Service Week. (e.g., pet allergies, work schedule)

4. **Dietary Restrictions:** Please list any dietary restrictions or food allergies, e.g. foods you CANNOT eat, not foods you don't like.

5. **Signatures:** I have reviewed the above registration form and confirm the information provided.

Camper's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
 (Required for campers 17 and under)

MEKUNO – RULES AND REGULATIONS

“Don’t let anyone look down on you because you are young, but set an example for believers in speech, in life, in love, in faith, and in purity...pursue righteousness, godliness, faith, love, endurance and gentleness.” 1 Timothy 4:12; 6:11

1. **The rules and regulations of Koinonia Camp will be strictly obeyed.**
2. All campers will remain at camp for the duration of the MEKUNO program.
3. The week is intended to help us glorify God and His son. Therefore, modest apparel is required where undergarments are not visible (above and below the waist for males and females); and, out of respect, campers will not be permitted to wear hats inside class buildings or the dining hall.
4. Use of personal electronic devices is limited in camp;
 - Campers' cell phones must be turned in on the first day of camp, and will be stored in the dining hall. Phones will be made available for to use in the dining hall for a short time each afternoon.
 - iPods, MP3 Players are not permitted
 - Electronic Bibles are not to be used at camp. Please bring a hard copy. Please see information on Wide Margin Bibles on **REGISTRATION FORM (page 1)** if you need one.
5. Campers are expected to attend all meals, class sessions, work crews, and evening programs at the designated times.
6. Buildings, lakefronts, and campgrounds are to be kept free of litter.
7. Water balloons are not allowed in or anywhere near any camp buildings.
8. If a camper uses medication of any kind, the **MEDICATION FORM (page 4)** must be completed. ALL medications (including over the counter medicines) will be stored and locked in the Kitchen (unless otherwise needed; e.g. an epi pen may need to travel with the camper). A staff member will supervise and ensure its prescribed administration.
9. Language shall be godly and communications constructive. Anything less will not be tolerated.

I have read the above rules and agree to obey them while attending MEKUNO.

Camper's Signature: _____ Date: _____

I understand that my child is expected to obey the above rules during MEKUNO, and I support their enforcement.

Parent/Guardian's Signature: _____ Date: _____
(Required for campers 17 and under)

WAIVER OF PUBLICITY: I hereby grant the MEKUNO program permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the MEKUNO program and will not be returned. I hereby irrevocably authorize the MEKUNO program to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I have read and understand the above waiver.

Camper's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
(Required for campers 17 and under)

EMERGENCY MEDICAL AUTHORIZATION

Purpose: to allow parents to authorize medical treatment for their children (up to and including 17 years of age) when a parent cannot be reached.

Name of minor: _____

Names of Parents or Legal Guardians: _____, hereby consent to the rendering of Emergency Department care and such medical treatment as an attending physician or others of a hospital's medical staff consider to be necessary for my child, _____, on and including the dates _____ through _____, 2018.

Campers 18 and over, please complete the information below and sign on the line indicated.

Medical Information

ALLERGIES:			
Date of last Tetanus shot		Date of Birth	
Home Address			
Home Phone		Cell Phone	
Insurance Company Name and Address			
Policy Number		Group Number	
Name of Policy Holder		Occupation	
Employer			
Other Emergency Phone Numbers			
Family Physician	Name:	Phone:	
Dentist	Name:	Phone:	
Medical Specialist	Name:	Phone:	
Other Pertinent Medical Information			

Parent/Guardian's Signature: _____ Date: _____

Witness: _____ Witness: _____

Camper 18 years or older Signature: _____ Date: _____

MEKUNO – MEDICATION FORM

I, _____ request that my child, _____ receive the following medications while at camp. I understand that all prescription medications must be furnished by me in the properly labeled original container from the pharmacy. Likewise, over-the-counter medications taken regularly (such as allergy medication) should be furnished in the properly labeled original container.

MEDICATION	DOSAGE	FREQUENCY / TIME TO BE TAKEN	REASON/DIAGNOSIS
Ex: Benadryl	5 mg	Before bed	allergies

I give permission for the medication(s) to be given by MEKUNO camp staff as directed above.

Parent/Guardian's Signature: _____ Date: _____

or

Camper 18 years and older Signature: _____ Date: _____

Please keep a copy of these documents for your reference

and return all signed originals to:

Amie Custer
 505 River Glen Drive
 Aurora, OH 44202-9783
amiecuster711@sbcglobal.net

Camper's Full Name _____ **Camp Session & Date** _____

Camper's date of birth _____ Grade in the fall _____ Gender ____ Camper's Phone # (if applicable) _____

Email _____ Roommate Request (one individual only) _____

List below the names of those people who are authorized to pick-up your child from camp. ***Please list no more than 5 people including parents who are authorized to pick-up. (Please send special written permission if camper is to leave camp during a session for practices, games, concerts...)**

Permission to give your child over the counter medications if needed - No Yes Initial

Please answer the following questions. If you answer yes, please give a brief description (use back if necessary)

1. Are you allergic to any medications? (please list) _____
2. Do you have any serious allergies? (please list) _____
3. Are you currently on medication? _____ Name of medication _____ For what _____
4. Have you had a seizure the last 12 months? _____ If yes, are you on medication for this condition? _____
5. Do you have heart defects, dis ease, or high blood pressure? _____
6. Do you have debilitating back, knee or similar structural disorders? _____
7. Have you had any serious sprains, broken limbs or surgery of any kind in the last 12 months? _____
8. Are you or do you believe yourself to be pregnant? _____ 9. Date of last tetanus shot _____

Insurance Provider _____ Policy # _____

Doctor's Name _____ Phone # _____

Authorization for treatment of Emergency Care

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp executive director to secure and administer treatment, including hospitalization for the person named above. This complete form may be photo copied for trips out of camp. The health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities as noted.

agree to release and hold harmless Koinonia Camp, its employees and volunteers from any and all claims including, but not limited to physical or property damage suffered by my child as a result of attending a camp or travel during camp. During travel, I understand that my child will be accompanied by a responsible adult and every precaution will be taken to safeguard the welfare of the campers.

Father's/Guardians Name _____ Phone # _____ Family Email _____

Mother's/Guardians Name _____ Phone# _____

Address _____

Address _____

City _____ State _____ Zip _____

Emergency Contact Name _____ Phone # _____

Church Name _____ Phone # _____

Physical Activity Release

Camp Activities include, but are not limited to hiking, swimming, low and high Koinonia Adventure course activities, canoeing, horseback riding, archery and paintball adventure games. There are risks of physical injury or harm from participating in high adventure activities. I voluntarily elect to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Koinonia Camp its officers, employees, and agents from all liability for any injury or harm to me (or my minor) from participating in said activities; whether the injury or harm is caused by the negligence of Koinonia Camp or otherwise. I have read and understood this release of liability.

Participation in the physical aspects of any or all outdoor initiatives is absolutely voluntary. I acknowledge the fact that not all of the stresses and hazards connected with the activities can be foreseen. Some of the specific hazards I might encounter include slipping and falling on trails, bumps, bruises, cuts, scrapes, insect stings, poison ivy, sprains or other injuries. Facilitators will take every reasonable precaution to minimize exposure to known risks. I have the personal responsibility to follow all the safety rules and guidelines given to me. I hereby personally assume all risks in connection with the activities and I waive all claims arising out of the guidelines given to me.

Parent must initial approved Koinonia Adventure Activities for minors; Please initial all experiences you want your child to have.

Low Initiatives _____ **High Ropes** _____ **Small Animal Experiences** _____ **Paintball** _____

Please note that by registering your child for this camp you are giving Koinonia Camp permission to take and use pictures and videos for promotional purposes.

Parent Signature _____ **Date** _____