

APOSTOLIC CAMP INTERNATIONAL 2012

KinderCamp Registration Form

This form is to be used by **CAMPERS 3 TO 9 YRS OLD**

Please print clearly

* Indicates required information

CAMPER PERSONAL INFORMATION

*Date of Birth _____ *Gender: Male Female

*Last Name _____ *First Name _____ M.I. _____

*Home Mailing Address _____ *City/State/Zip _____

*Home Phone # _____ Alternate Phone # _____ E-Mail _____

*Church Name _____ *Church City/State _____

PARENT/ GUARDIAN PERSONAL INFORMATION

*Camper will be accompanied by: Parent Guardian

All KinderCampers must be accompanied by a Parent or Guardian (over 18 years old)

Parent First Name: _____ Parent Last Name: _____ M.I. _____

*Emergency Phone Number(s): _____

Guardian First Name: _____ Guardian Last Name: _____ M.I. _____

*Emergency Phone Number(s): _____

REGISTRATION INFORMATION

Registration For	Check Here	Fee	After June 17, 2012 Add \$25 late fee
(Age 3-5 yrs) KinderCamp Registration Only	<input type="checkbox"/>	\$80	\$105
(Age 6-9 yrs) KinderCamp Full Week	<input type="checkbox"/>	\$185	\$210
(Age 6-9 yrs) KinderCamp Late Arrival (Wednesday)	<input type="checkbox"/>	\$130	\$155
(Age 6-9 yrs) KinderCamp Late Arrival (Thursday)	<input type="checkbox"/>	\$110	\$135
(Age 6-9 yrs) KinderCamp Late Arrival (Friday)	<input type="checkbox"/>	\$65	\$90
(Age 6-9 yrs) KinderCamp Off Campus	<input type="checkbox"/>	\$95	not applicable
Miami, FL to Lakeland, FL Charter Bus	<input type="checkbox"/>	\$60	not applicable

Other Information

Transportation (how will you be traveling to Lakeland, FL?) S.F. Charter Bus Church Group Private Vehicle Air

Health and Special Needs Information

Health Insurance Company & Policy ID	
Do you have any food allergies? If yes, what are they?	
Please list medical conditions that ACI needs to be aware of.	
Please list any medications that will be taken while at camp.	
Please indicate any special requests for accommodations while at camp	

LIABILITY RELEASE AND APPROVALS

I understand that all campers are expected to participate in the camp program and take direction from Apostolic Camp Directors and Counselors. Campers who are consistently unable to follow ACI rules and take direction could at the discretion of the Director or Administration be asked to leave. Parents under these circumstances would then be contacted to make arrangements to have their children picked up. I give permission for my child to participate in recreation and other planned camp activities under camp leadership. I give permission for my child to receive emergency medical care if necessary. I hereby release, forever discharge, and agree to hold harmless ACI and the directors thereof from any and all liability, claims of demands for personal injury, sickness or death, property damages and expenses, not resulting from the negligence of ACI, which may be incurred by the undersigned and the participant that occur while said person is participating in any ACI sponsored activities. ACI will not be liable for any medical conditions not disclosed on the registration form. ACI does not provide personnel to assist campers needing special medical attention.

Parent's Name _____ Parent's Signature _____

Pastor's Signature (approval to attend ACI 2012) _____

RETURN COMPLETED FORM AND DEPOSIT TO YOUR CHURCH REPRESENTATIVE

FOR OFFICE USE ONLY

Deposit Amount: \$ _____ Paid by: _____ Cash Check # _____ Money Order Debit Card