

Camp John Knox Summer Camp Registration

591 W Rockwood Ferry Road, Ten Mile, TN 37880

Phone: (865) 376-2236 Fax (865) 376-1719



FAMILY INFORMATION: Complete the entire page for the first child only. For each additional child fill in the first two lines and any information that is different.

Camper's Name _____ Camper's Family/Guardian Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Family Status: Married__ Divorced__ Separated__ Single Parent__ Other _____ Custody _____

Father's Name _____ Father's Business Phone _____

Father's Cell Phone _____ Father's Email Address: _____

Father's Address if different from above: _____

Mother's Name _____ Mother's Business Phone _____

Mother's Cell Phone _____ Mother's Email Address: _____

Mother's Address if different from above: _____

[Email addresses will be used to convey information to parents. Please add us to your email database]

Home Church _____ Pastor's Name _____

Address _____ City _____ State _____ Zip _____

Emergency Contact Living Outside the Home _____ Relationship _____

Work Phone _____ Home Phone _____ Cell Phone _____

Second Emergency Contact Living Outside the Home _____ Relationship _____

Work Phone _____ Home Phone _____ Cell Phone _____

INSURANCE INFORMATION: Company Name: _____ Policy Number _____

Please check if you do not have insurance ____

Doctor's Name _____ Phone # _____

Please tell us how you heard about us: Past Camper__ Sibling__ Presbyterian Church__ Advertisement__ Camp Fair__
Word of Mouth__ Friends__ School__ Internet__ Family Member Past Camper__ Family Member past Employee__
Other _____

CAMP JOHN KNOX CAMPER INFORMATION

Date _____ Camper's Name _____ Nickname (if preferred) _____

Birthday _____ Age _____ Gender : Male__ Female__ Rising Grade in Fall _____

School _____

Camper Email _____

Roommate Request (WE WILL HONOR 1 MUTUAL ROOMMATE REQUEST PER CHILD): _____

T-Shirt Size (please circle one): YS YM YL Adult: S M L XL XXL

My child swims: Well__ Average__ Poorly__ Not at All__

Has your child attended camp at John Knox before? Y_ N_ Other JKC event attended _____

Is this your child's first extended stay away from home? Y__ N__

Please tell us if there has been any life changing event in the past year for your family: _____

Person(s) NOT authorized to pick up child _____

First Session:	
Camp Name _____	Session Fee \$ _____
Date _____	
Additional Session:	
Camp Name _____	Session Fee \$ _____
Date _____	
	Total Fee \$ _____

Add	
_____ Camp Fee(s)	
_____ Optional donation to Camper Scholarship Fund	
_____ Optional donation to Summer Camp Program Fund	
_____ Optional donation to Debt Reduction	
_____ Optional donation to Capital Improvements	
_____ SUB-TOTAL	
Subtract (from total)	
_____ Amount to be paid by church/scholarship	
_____ Other _____	
_____ GRAND TOTAL	Amount Enclosed _____ Check Number _____

**ALL PAPERWORK AND FEES ARE DUE AT LEAST
2 WEEKS PRIOR TO THE CAMP SESSION**

Spaces may not be reserved by phone or without the \$40 non-refundable processing fee, included in the camp fee.

Health History

Camper's Name _____

Please explain any "yes" answers, noting number of the questions, on comments line below

- | | |
|--|---|
| 1. Had any recent injury, illness or infectious disease?.... yes/no | 15. Ever had problems with joints? (eg knees) ... yes/no |
| 2. Have a chronic or recurring illness/condition? ... yes/no ... | 16. Have an orthodontic appliance
being brought to camp? yes/no |
| 3. Have frequent headaches?..... yes/no | 17. Have any skin problems(eg rash, itching)?..... yes/no |
| 4. Ever have a head injury?..... yes/no | 18. Have Diabetes?..... yes/no |
| 5. Ever been knocked unconscious?..... yes/no | 19. Have Asthma?..... yes/no |
| 6. Wear glasses, contacts, or protective eye wear?..... yes/no .. | 20. Had mononucleosis in the past 12 months?... yes/no |
| 7. Ever had frequent ear infections?..... yes/no | 21. Had problems with diarrhea/constipation?... yes/no |
| 8. Ever passed out during or after exercise? yes/no | 22. Have problems with sleep walking?..... yes/no |
| 9. Ever been dizzy during or after exercise?..... yes/no | 23. Have a history of bed-wetting?..... yes/no |
| 10. Ever had seizures?..... yes/no | 24. Ever had an eating disorder?..... yes/no |
| 11. Ever had chest pains during or after exercise?..... yes/no | 25. Ever had emotional difficulties for which
professional help was sought?..... yes/no |
| 12. Ever had high blood pressure?..... yes/no | 26. If female, have abnormal menstrual history?.. yes/no |
| 13. Ever been diagnosed with a heart murmur?..... yes/no | |
| 14. Ever had back problems?..... yes/no | |

LIST ANY ALLERGIES _____

Comments _____

Please give all dates of immunizations:

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
Chicken Pox				
Hepatitis A				
Hepatitis B				
Influenza				
MMR				
Polio				
Tetanus/Diphtheria				

IMPORTANT:

Health exams within 12 months of camp sessions are required for all campers. Documentation must be validated by a physician, physician's assistant or nurse practitioner and must have the camper's name, date of exam, and state they are able to participate in active programs or state their limitations. It must include the practice name, address and phone number. This can be faxed to 865-376-1719, emailed from the doctor's office to admin@johnnoxcenter.org, or mailed to the camp address. The above information can be written on the doctor's form or practice letterhead, or use the included form.

Please notify the camp if the camper has been exposed to any communicable diseases within three weeks of their camp session.

Camper's Name _____

Parent Authorization

I hereby give my permission to the Presbytery of East Tennessee/John Knox Center for my minor, child or ward (collectively "minor") to participate in all activities and further agree to the terms herein contained. On behalf of my minor, to participate in John Knox Center (hereinafter collectively referred to as JKC/ PET) activities and to use its equipment and facilities, I agree to release, indemnify, hold harmless, and covenant not to sue JKC/PET, its employees, agents or volunteers for any and all liability, claims, demands, or causes of action which may be brought by myself, my minor, or on behalf of either of us, and which are in any way connected with such use or participation by my minor or myself, whether caused by the negligence of JKC/PET, its employees, agents, or volunteers, or otherwise. I acknowledge my minor's participation in individual and group initiatives, problem solving exercises, high ropes elements, waterskiing, whitewater canoeing and personal growth and development training activities entails known, perceived, and unanticipated risks that could result in serious physical or emotional injury, permanent disability, or death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity and I expressly accept and assume on behalf of my minor all the risks existing in these activities. I acknowledge my minor's participation in programs may include transportation away from the John Knox Center property. I authorize JKC/PET personnel to transport my child as part of regular program activities.

I authorize JKC/PET personnel to call for medical care or to transport my minor to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed. I agree to pay all costs associated with such medical care and transportation. I hereby give permission to the John Knox Center staff to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child/ward, as may be necessary, including, but not limited to, x-rays, routine tests and treatment, and/or hospitalization. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I hereby agree to the disclosure to the John Knox Center staff of the protected health information of the person herein described. I also agree to comply JKC/PET rules and policies and to cooperate with JKC/PET personnel. I understand and agree that if myself or my minor fail to comply with the rules and policies, s/he may be asked to leave the event at the parent or legal guardian's expense, with no refund given for the paid cost of the event. I hereby represent that my minor is in good health, that I have identified all medical conditions applicable to participation, and that I have adequately informed JKC/PET personnel of any special instructions. I certify that I have adequate insurance to cover any injury or damage my minor may suffer while participating, or I agree to bear the costs of such injury or damage myself. I give my permission to allow JKC/PET to use my minor's likeness in photos and in any form of media for publicity and reporting purposes (print, digital, online, etc.). I agree that this release, waiver, and indemnity and other terms herein are intended to be as broad and inclusive as permitted by the law of the State of Tennessee and if any portion is invalid, the remainder shall continue in force.

I have read the above and acknowledge the information stated on this form is complete and correct. By typing my name below, I agree that this is an electronic signature. I understand that an electronic signature is legally binding in Tennessee.

SIGNATURE _____ DATE _____