

## KCC Summer Camp Registration Form

### Child Information

Child's Full Name \_\_\_\_\_ (M) (F)

Date of Birth \_\_\_\_\_ Grade in Fall 2018 \_\_\_\_\_

Full Address \_\_\_\_\_

Name of School \_\_\_\_\_

### Parent/Legal Guardian Information

1. Parent's Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Full Address \_\_\_\_\_  Same as Child

E-mail Address \_\_\_\_\_

2. Parent's Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Full Address \_\_\_\_\_  Same as Child

E-mail Address \_\_\_\_\_

**Emergency Contacts**  Same Parent/Legal Guardian Information

1. Contact Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

2. Contact Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

## Welcome to the KCC Summer Camp!

This instructional manual contains important information regarding the specifics of the program, so please read it thoroughly. If you have a question, please contact the KCC at **201-541-1200 ext) 111** or **info@kccus.org**

To learn more about the KCC Summer Camp, please visit our website at <https://www.kccus.org/course/2018-summer-camp/>

### 1. Goals and Objectives for Development of Children

- Provide opportunities that stimulate the development of self-esteem.
- Provide occasions to make new friends and strengthen existing friendships.
- Provide opportunities to reinforce Korean identity

### 2. Allergy Policy

If your child has any food-related allergies (such as but not limited to peanuts, soy, and certain types of fruit), please do not register for the KCC Summer Camp meal plan. The meal plan is not allergen-free, and the KCC cannot prepare different meals separately for children with allergies. Please pack your child a lunch that accommodates for his/her allergies. If, however, you still wish to register your child for the KCC Summer Camp meal plan, the KCC will not be responsible for your child's safety regarding food allergies.

### 3. Medication Policy

If your child requires medication at specific times throughout his/her time at the KCC Summer Camp, please fill out the health form and deliver the medication to the KCC. The KCC Summer Camp will not provide oral medications such as Ibuprofen and Acetaminophen. However, non-oral medications such as Band-Aids and ointments will be available for treatment. If your child is allergic to specific ingredients in commonly used ointments, please notify the KCC.

Please fill out the **Allergy Report Form** and **Health and Medical Info Report Form** provided with the **KCC Summer Camp Registration Form**.

## Terms and Conditions

- To register for the KCC Summer Camp, KCC Membership is required.
- Payment should be completed in advance to attendance.
- KCC Summer Camp payment will not be refunded.
- KCC will not be waived in cases of any personal reasons.
- KCC will only waive the fee if campers are absent because of health issue. In this case, parents or guardians of the camper must submit a doctor's note.
- Lunch fee will not be waived even though you do not (or cannot) eat provided lunch.
- KCC Summer Camp schedule may be changed without any advance notices.
- The KCC reserves the right to suspend and/or expel a child's right to attend the KCC Summer Camp if the child violates camp regulations. (No refund will be given.)
- I grant permission for photographs and videos to be taken of my child for publicity purposes.
- I grant permission for my name, my child's name, address, email, and phone to be kept track of for contact purposes.
- I understand that my child will participate in all activities within the KCC Summer Camp unless specified otherwise.
- I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in KCC Summer Camp. This release is intended to discharge in advance KCC, its officials, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.
- I have filled out the **Allergy Report Form** and **Health and Medical Info Report Form** to the best of my knowledge.
- I understand that if I have not filled out the forms listed above, my child may not attend the KCC Summer Camp.
- I have fully read and agree to the policies listed in this instructional manual.

I have fully read and agree to the Terms and Conditions listed above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Allergy Report Form

**Instructions:** This form must be completed by the parent/legal guardian of the child registering for the KCC Summer Camp.

### 1. Diagnosis and History

- What triggers your child's allergy?

- Severity of the allergy: Mild Moderate Severe
- Does the child take prescription medication for this allergy? Yes No
- If yes, what medications? How often should the medication be administered?

- Has the child been prescribed an Epi-Pen? Yes No

### 2. Limitations Caused by Allergy

- Describe how the allergy limits the child's daily activities (eating, breathing, etc.)

## Health and Medical Info Report Form

**Instructions:** This form must be completed by the parent/legal guardian of the child registering for the KCC Summer Camp.

### Medical Information

Primary Doctor's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Physical limitations, allergies, and/or special medical instructions

### Medical Insurance

Insurance Company \_\_\_\_\_ Group No \_\_\_\_\_

Policy No \_\_\_\_\_

Name of Insured Person \_\_\_\_\_

Child's relationship to Insured \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN:**

I hereby give consent for KCC staff to administer this medicine to my child according to the physician's following directions. The KCC staff has my permission to contact the physician should there be any questions or concerns regarding the medication. I understand that medicine will be delivered to the KCC personnel by a parent/guardian and that **students are not to transport medications.**

I understand that this prescribed medicine will be in the **original pharmacy labeled container** with identifying information (e.g., name of child, medication name, dosage prescribed, and time of administration) If this is an **over the counter medication**, the medication must be in the original, labeled container.

I hereby release the KCC Board and their agents and employees from any and all liability that may result from my child taking this prescribed medication and from any and all liability that may result from my child's self-medication.

Student's Full Name (Print) \_\_\_\_\_

Parent/Guardian's Full Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

**Medication Information**

| Name of Medication | Time of Administration | Dose |
|--------------------|------------------------|------|
|                    |                        |      |
|                    |                        |      |
|                    |                        |      |
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