

RCCC Vacation Bible School Adventure Camp __2024__

**Camper that does NOT have sibling in the CHILDREN'S Ministry REGISTRATION
FORM**

Rising 1st - 6th Grade

Camper's Name _____ Date: _____

Addresses _____ City: _____ Zip: _____

Birthdate: _____ Age: _____ Boy _____ Girl: _____ Rising in Grade: _____

T-shirt size: Youth: XS _____ S _____ M _____ L _____

Parents Name: _____

Home Phone: _____ Cellphone: _____ Workphone: _____

Email: _____ Currently attending church: _____(yes) _____ (no)

Name of Church: _____

Only for Rising 1st - 6th grade Camper Rotations

Note: Rising Kindergarten will have the same Rotations but in their own grade

Below put an "1" for first choice, "2" for second, choice "3" for third choice, "4" for fourth choice. Camp registrations are processed on a first-come, first-served basis, and many fill up fast.

_____ Arts & Crafts _____ Cooking (list any food allergies ex: nuts, dairy, etc. on Allergies Sections) _____ Woodworking _____ Relax & Reset (R & R)

Allergies:

Person(s) to whom your child may be released:

Name: _____ (Relationship) _____

Name: _____ (Relationship) _____

(This person will be required to show proper identification.)

Payment and Registration Forms

* Please return with a registration fee: \$50.00 Preschool & \$100.00 Kindergarten to 6th grade by _____ or \$110.00 after _____.

*Please return with registration fee: \$125.00 by April 30th, 2023 or \$140.00 after April 30th, 2023.

All payments for Camp Registration are to be made in full at the time Registration is received. Make a check payable to Raleigh Chinese Christian Church (or RCCC), also put the child's name and VBS on the memo line. Please mail the registration form and payment to: Raleigh Chinese Christian Church VBS Camp, 520 Allen Lewis Drive , Cary, NC 27513. You may also drop off the form and payment at church office during weekdays or give to Children Ministry Deacon _____ on Sundays.

Refund Policy

- Cancellations received in writing on or before _____ will be entitled to a full refund.
- Cancellations received on or after _____ will only be entitled to a refund if the camper's spot can be filled.
- There will be no refunds if cancellation takes place after the program starts or if a camper is temporarily or permanently suspended from a program due to failure to follow program guidelines.
- Full/prorated refunds will be provided in the event of a verified medical/hardship situation.

RCCC Vacation Bible School Adventure Camp _____

Program Guidelines

1. Campers are expected to abide by the behavior expectations and rules set up by the person in charge of camp activities; parents must review the guidelines with their child prior to the start of camp.
2. Except when excused by the Camp Directors, all campers are expected to remain on campus with the program in which they are enrolled in.
3. All campers should come dressed in appropriate attire for the type of camp he/she is attending.
4. Possession or uses of tobacco products, alcoholic beverages or illegal substances on or off church property are not permitted. The possession of weapons or explosives of any kind, or objects, tools, or devices that may be used as weapons, is prohibited on church property and at any camp-related activity.
5. Prior to registration, any special physical, emotional, psychological, or medication needs of your child must be identified with the Camp Directors.

LIABILITY WAIVER AND INDEMNIFICATION

I acknowledge that my child's participation in all activities including workshops, field trips, and summer camp with the Raleigh Chinese Christian Church Vacation Bible School Adventure

Camp from _____ to _____ may involve risks. I assume responsibility for all risks in the aforementioned activity, which may include, but are not limited to, motor vehicles accidents and other potential injuries and property damage. I indemnify and hold harmless Raleigh Chinese Christian Church, its trustees, officers, employees, and agents from any liability arising from or approximately caused by my child's participation in these travels and extracurricular activities. I agree to pay reimbursement and restitution to Raleigh Chinese Christian Church and any person for damages or injuries. My child causes the aforementioned travel and activity. I further acknowledge that I have comprehensive health insurance coverage for my child that will be in effect from _____ to _____.

The insurance company is: _____

The policy number is: _____

In case of emergency, the following person(s) should be contacted:

1. Name: _____ Phone Number: _____

Relationship: _____

2. Name: _____ Phone Number: _____

Relationship: _____

Photographs, Audio, and Videos Release

I, _____ give permission to the Raleigh Chinese Christian Church Vacation Bible School Adventure Camp to take photographs and videos of my child (or children)

_____ (name), and to use and to reproduce the photos and videos in all forms of media for educational, reporting, and non-profit purposes. I hereby release the Raleigh Chinese Christian Church, and any of their associates, affiliates, staff, employees, agents, students, and parents from any claims. I understand that there is no compensation for the uses or reproductions.

I have read all information on this registration form and give permission for my child to participate in all activities included in Raleigh Chinese Christian Church Vacation Bible School Adventure Camp. By signing below, I also grant consent to all permissions and agree to all waivers on this registration form as noted.

Parent/Guardian Signature: _____ Date: _____

Printed name: _____

RCCC Vacation Bible School Adventure Camp 2022

Medication Administration Form (2 PARTS)

Non-Prescription Medications

Over-the-counter non-prescribed medications will not be administered to students unless we receive an advance authorization from the parents and the students' physician. Generic substitutions may be used for non-prescription medications. Any minor cut and bruises will be administered with a first aid kit.

****TO be completed by and signed by parent/guardian:****

Child's name _____

Drug Allergies (if any, write none for nothing)

Any EXCEPTIONS of non-prescribed medications that should not be administered to students:

Reason(s)

Physician name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PRESCRIPTION MEDICATIONS

**I request that my child be administered the prescription medication as indicated in the physician's instructions below.

Parent/Guardian Signature: _____ Date: _____

****TO BE COMPLETED BY PHYSICIANS:****

The child indicated above must have the medication listed below administered during the Raleigh Chinese Christian Church Vacation Bible School Adventure Camp hours, activities and/or trips. It is not recommended that the medication be delayed.

Name and form of medication: _____ Dosage: _____

Hours to be given apart: _____

Possible side effects: _____

Order in effect until (Date) _____

Physician Name, phone number and address

Physician Signature

Date

Parents Signature

Date

To be completed by RCCC Vacation Bible School Adventure Camp program:

Date Received: _____