



# RCCC Vacation Bible School Adventure Camp 2009

## 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.
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 June 22 to June 26, 2009 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 proximately 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 cause the aforementioned travel and activity.

I further acknowledge that I have comprehensive health insurance coverage for my child that will be in effect from June 22 to June 26, 2009.

The insurance company is: \_\_\_\_\_

The policy number is: \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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 2009  
Medication Administration Form**

**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 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

\_\_\_\_\_  
Route

\_\_\_\_\_  
Hours to be given

Possible side effects: \_\_\_\_\_

Order in effect until (Date) \_\_\_\_\_

Physician Name, phone number and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date Received \_\_\_\_\_