



KINGDOM RANCH
Camper Registration Packet
2017

P.O. Box 474
Snook, TX 77878
(844) 273-2228 office
information@kingdomranch.org

Statement of Faith: We believe God Almighty to be our creator and heavenly Father and His son Jesus Christ to be our Lord and Savior. We also believe the Holy Bible to be His inspired word and as such is our final authority for faith and life. We do not condone the abuse of drugs, alcohol, and tobacco, as we believe that it is not in accordance with God's word. It is our purpose to teach His word and to glorify Him in all we do.

About Kingdom Ranch!

Kingdom Ranch is a Christian summer camp for children with special medical, physical, and developmental disabilities. The organization seeks to minister to the entire family; therefore we invite siblings to attend as well. The camp is like any other summer camp with the usual fun filled activities all day long. Each evening we celebrate with a theme party and close the night with praise and worship. All activities are based on a Christian lifestyle and the foundation of our program is to teach the love of Christ to ALL. For more information log onto: www.kingdomranch.org

Choosing the right term.

Please read the description of each term carefully before circling a term on the application. Please also note that you are not guaranteed the term you apply for. Our director reviews each application and will contact you about making changes if your camper fits into another term better than the one applied for. It is our goal for each camper to have a successful camp experience and being in the term that best fits them helps us reach that goal.

Cost of Summer Camp.

The cost of camp is \$600 per camper. A \$100 NON-REFUNDABLE deposit is required to enroll a camper. If you would like to make payments towards your camper's tuition or if you would like to request a scholarship, please let us know by checking the appropriate box on the last page of this application. *Although we hope to never turn away a camper, our scholarship fund is limited. We appreciate your willingness to pay whatever amount you can. Please ask us about our new fundraising opportunity to you can do to raise your child(s) tuition!*

2017 Summer Camp

(Siblings are invited to all terms except Adult week)

Campers' ages are 7-17 / Adult Week is for 18 & Over

WEEK 1: June 13th – 17th Youth Week 1

WEEK 2: June 20th – 24th Youth Week 2

WEEK 3: June 27th – July 1st Youth Week 3

WEEK 4: July 4th – July 8th Adult Week

We ask that you PLEASE ARRIVE TUESDAY BETWEEN 2pm-3pm.

PICK UP is SATURDAY between 10:00am-10:45am.

Pick-up day we will have a slide show and awards beginning at 10am. Please join us!

KINGDOM RANCH

2017 CAMPER REGISTRATION FORM

PLEASE attach a recent photo here!!! Applications will NOT be accepted without one.

TERM ATTENDING (Please Circle One): 1 2 3 4

Please Note: Our director reviews each application and may request to change campers' term based on where they would adapt best.

CAMPERS FULL NAME _____ M/F _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ - _____ E-MAIL _____

DOB ____ / ____ / _____ ACTUAL AGE _____ MENTAL AGE _____ Wt. _____

SS# ____ / ____ / _____ T- Shirt Size (circle one) YM YL AS AM AL XL XXL

Church you attend: _____ Has your child ever been away to camp? Y N

Name of sibling(s) applying to KR: _____ How did you hear about us? _____

Has your child been to KR before? Y N If yes, what year? _____ Which Week? _____

Diagnosis (If applicable) _____ Does your child use a wheelchair? Y N

Camper lives with? (circle) MOTHER FATHER BOTH PARENTS OTHER _____

Father's Name _____ Home Phone () _____ - _____

Employer _____ Occupation _____

Work Phone () _____ - _____ Cell Phone () _____ - _____

Mother's Name _____ Home Phone () _____ - _____

Employer _____ Occupation _____

Work Phone () _____ - _____ Cell Phone () _____ - _____

Number where parents can be reached while child is at camp:

Day: () _____ - _____ Night () _____ - _____

In case you cannot be reached, please list relatives or friends below.

THE APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS INFORMATION COMPLETED!

Name: _____ Relationship: _____

Day: () _____ - _____ Night () _____ - _____

Name: _____ Relationship: _____

Day: () _____ - _____ Night () _____ - _____

Kingdom Ranch makes every attempt to provide medical personnel on camp grounds at all times.

If your child has a medical issue at camp, what physician would you want called?

PHYSICIAN: _____ NUMBER: () _____ - _____

Insurance Company: _____ Number on card: () _____ - _____

Primary Insured Person: _____ Employer: _____

Group Number: _____ Policy Number: _____

CAMPER NAME: _____ TERM ATTENDING: 1 2 3 4

General Medical History

Does your child take any regular medication(s)? Y N (circle one)

If YES, Please fill out the Medication Form.

List any medications your child is allergic to: *(Please write NONE if your camper has no allergies.)*

If your child takes routine medication, how do you administer it?

List any special medication problems (i.e. allergies, asthma, ADD, ADHD, hay fever, seizures, bed-wetting, etc.):

List any food restrictions / food allergies: _____

Has he/she had chicken pox or shingles? YES Date _____ NO Year of last tetanus shot? _____

List any physical restrictions or limitations (amputations, crutches, wheelchair, visual or auditory):

What special supplies or equipment will your child bring to camp?

Does your child wear diapers? _____ Does your child wet the bed? _____

If your child must be cathed, does he/she self-cath? If the nurse caths, explain home routine:

Does your child require a special bowel management program? If yes, explain.

ROUTINE CARE INFORMATION

Please be honest and answer each question thoroughly so that we can respond to the campers' needs.

The more we know about your child's routine, the better we can assist them.

Feel free to attach an additional page if needed.

If your child is non-verbal, what method of communication does he/she use? _____

What activities such as dressing, feeding, etc. does your child need assistance with? Tell us how you best assist them?

What method of bathing do you use for your child? *Please describe.*

Does your child require a special diet, or must food be prepared in a special method to best serve your child?

Please describe methods for feeding: _____

Has your child ever received treatment or medication for psychiatric or behavior disorders? If yes, tell us about the behavior and treatment: _____

Tell us about any negative behaviors we might experience and how you deal with them at home: _____

What routines would be helpful for us to know in dealing with your child? (i.e. sleeps with night light, radio):

Kingdom Ranch 2017 Release of Liability

Camper's Full Name: _____

I understand that Kingdom Ranch is NOT responsible for loss of clothing or personal property while at camp and I agree to bring all articles of clothing or personal property clearly marked with my **child's first and last name**.

I understand that part of the camping experience involves activities, group living arrangements, and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to. I am aware of these risks and assuming them on behalf of my child. I realize that **no environment is risk-free**, so I have instructed my child on the importance of abiding by the rules as given by the Kingdom Ranch staff. My child and I both agree that he or she will obey them to the best of their ability.

I hereby, and for my heirs, executors, administrators, assigns, and all legal guardians, waive and release any and all rights and claims of any nature I may have against Kingdom Ranch, its Directors, employees, Board of Directors, Advisory Board, CIA's, campers, and cooperating entities for and against any and all injuries or damages of any nature including death which my child may suffer while taking part in Kingdom Ranch or other activities associated with Kingdom Ranch.

It is further agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Burleson County, Texas, and shall be constructed in accordance with the laws of Texas.

Signature of Parent / Legal Guardian

Date

Kingdom Ranch Medical Authorization and Privacy Agreement

Camper's Full Name: _____

I hereby give permission to the physician selected by the Kingdom Ranch Camp Director to order routine medical tests, X-rays, and treatment for the health of my child named above. In the event that I cannot be reached in an emergency, I give permission to the selected physician to hospitalize, secure proper treatment, and order injections, IV's, anesthesia, or surgery for my child.

I give the members of the camp medical team permission to administer over the counter medications as needed and give scheduled medication as ordered on the medication form. I realize the camp has a limited liability medical policy for campers with a \$2,500 CAP. Any medical expenses in excess of this amount will be my responsibility.

As the parent or guardian of the above named child, I authorize a physician, nurse, or other health care provider to communicate with the medical staff and any Director of Kingdom Ranch, or his/her designee, concerning my child's medical conditions, symptoms, and care needs concerning my child, with all persons involved in the care, and well being of my camper while attending camp. I realize that this means the staff, counselors, and other personnel at the camp will have direct access to the knowledge concerning my child's health while they are in attendance at camp.

Signature of Parent / Legal Guardian

Date

MEDIA RELEASE

My Child _____, will attend Kingdom Ranch and I realize that photographs and films of camp activities may be taken and used for fund-raising and publicity purposes. I hereby give my consent to Kingdom Ranch, its Directors, officers, employees, agents, chapters, assignees, licenses and cooperating entities to use my child's name, picture / portrait, likeness, writings, biographical information, or audio and/or video tape recordings for use in any media for educational, editorial, promotional, or advertising purposes, for the solicitation of contributions, and for any other purposes in furtherance of the corporate purposes and objectives of Kingdom Ranch without compensation for such usage. This release shall be binding upon my child's heirs, executors, administrators, assigns, and all legal guardians of my child.

Print Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian

Date

FINANCIAL INFORMATION

It is our mission to serve all campers who have a special need or disability, so Kingdom Ranch is committed to helping in never turning a child away on account of the family's financial situation. Scholarship funds are available, but they are limited, so we must try to share them fairly among those who are in need. We appreciate your willingness to pay whatever amount you can as that reflects the value you place on camp. We will be honored to come alongside your family and help fill in the remainders available, funds permitting. Obviously the earlier you apply for assistance, the more likely Kingdom Ranch can help and/or funds will be available. We also have created a new fundraising opportunity for you to raise your child(s) tuition. Please ask us if you are interested.

NOTE: Campers living in group homes or ILP (Independent Living Program) do not qualify for scholarships and must pay the full \$600 tuition to come to camp.

PLEASE CHECK ALL THAT APPLY

PLEASE NOTE: THE TOTAL OF \$600 MUST BE PAID IN FULL AT LEAST ONE WEEK PRIOR TO YOUR SCHEDULED ARRIVAL AT CAMP.

- Enclosed is \$ _____ towards the cost of my child attending camp. I will be making monthly payments in the amount of \$ _____ on the _____ of the month until it is paid in full.
- Enclosed is \$ _____ towards the cost of my child attending camp. I will pay the remainder at least one week prior to our scheduled arrival date.
- Enclosed is \$ _____ towards the cost of my child attending camp. I am requesting fundraising assistance for \$ _____ to help send my child to camp. (AMOUNT MUST BE LISTED)

(NON-REFUNDABLE \$100 Application fee MUST be enclosed. We DO NOT offer scholarships for the application fee)

Payment enclosed (towards \$600 tuition) \$ _____

TOTAL AMOUNT INCLUDED WITH APPLICATION FEE \$ _____

****Application fee is applied toward tuition****

Signature of Parent / Legal Guardian

Date

**MAIL YOUR APPLICATION AND FEE TO:
KINGDOM RANCH
P.O. BOX 474
SNOOK, TX 77878
-- OR TEXT --
Camper to 41444**

APPROVAL: _____