“Dedicated to addressing social, physical, and spiritual needs and developing the life skills of our campers.”

Our program at King’s Lake Camp is intended to help young people develop new skills, instill a sense of self-confidence, promote positive social interactions, and discover God’s creation.

The Salvation Army is a part of the Christian Church. Fun, captivating, age-appropriate Bible instruction is included in every camping session.

All of our camps have nutritious,
The Salvation Army is part of the Christian Church.

Fun, captivating, age appropriate Bible instruction is included in every camping session.

**MUSIC CAMP (AGES 9—17)**

JUNE 22-29

For those who want to master their skill or learn the basics. Predominantly brass instruments and vocal; percussion, timbrels, keyboard, and guitar instruction are also offered as part of our music program. *Family and friends are invited to enjoy the wonderful talent of our music camp participants at our Camp Concert & BBQ on Saturday, June 29 at 10:30 AM.*

**S.A.Y. CAMP (AGES 7—12)**

JULY 1-5

A camp based on The Salvation Army scouting programs (Girl Guards, Sunbeams, and Adventure Corps) —campers expand their knowledge of the world around them working on badges and having fun.

**ADVENTURE CAMP #1 & 2 (AGES 7—12)**

JULY 8-12, JULY 15-19

Join us this summer for a week of active outdoor fun with swimming, archery, crafts, campfires, canoeing, and more. This is an activity focused program perfect for all interests.

**TEEN CAMP (AGES 13—17)**

JULY 22-26

Looking for an escape from the humdrum of summer? Meet new friends, enjoy many activities: swimming, archery, canoeing, this program is geared especially for teens who are looking for an exciting camp experience! Also, ask your local corps officer about the opportunity to attend S.A.Y. Summit.

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**Items to pack for a great camp experience...**

*Do Bring...*

- Sleeping bag and pillow
- Clothing (socks, shorts, long pants, t-shirts, sweater, undergarments, running shoes)
- Towel and Swimsuits (Prefer no bikini’s, but acceptable if you have a large T-shirt to cover up)
- Toiletries (toothbrush, toothpaste, shampoo, soap, brush)
- Current and necessary medications
- Insect repellent and sunscreen
- If you have an instrument, bring it to music camp

*Do Not Bring...*

- Electronics including, but not limited to, cell phones, iPods, iPads, computers, video games, etc.
- Any items found with campers will be held and locked away until the end of camp. Respecting the no electronics rule provides for a safe and “unplugged” camp experience.
- We will not be held responsible for lost, stolen or broken items

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Please return completed application, no later than two weeks prior to your camp session.

Please send to your local Salvation Army Corps as directed, or

A completed scanned application can be emailed to kingslakecamp@usw.salvationarmy.org
Camper Information

Name: ___________________________________________ Birthdate: _____ / _____ / _____

Address: ___________________________________ City: __________________ Zip: _____________

Gender:  M / F    Age: ____    Shirt Size: (Circle One) Children’s: S M L Adult: S M L XL XXL

Parents/Guardians: __________________________________________________________________

Parents/Guardians Email: _____________________________________________________________

Home Phone: ___________________ Work: ___________________ Cell Phone: ___________________

Emergency Contact (if parents cannot be reached) _________________________________________

Home Phone: ___________________ Work: ___________________ Cell Phone: ___________________

List of Adults Authorized to Pick-Up Camper: ____________________________________________

__________________________________________________________________________________

How did you hear about our King’s Lake Camp? ___________________________________________

REFUND POLICY

In signing this application, I agree that after a place has been secured, the above named camper will remain for said period unless dismissed for breach of camp policy. In event of dismissal or voluntary withdrawal, there will be no refund of camp fees. If because of illness or accident, a prorated refund may be made.

SIGNATURE: ________________________________ ______________________________

PUBLICATION RELEASE FORM

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission and consent to use and re-use, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name, signature and likeness, and any portrayals, pictures, photographic prints or other representations of my child, or in which he/she may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with his/her name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my child’s name or photograph to the use of any organization or person. I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right. I hereby certify that I am the (parent)/(legal guardian) of a minor child or dependent and have executed this release on (his/)(her) behalf.

SIGNATURE: ________________________________ ______________________________
Incomplete forms will NOT be accepted and campers WILL NOT BE ALLOWED TO REMAIN on camp

To be completed by parent or guardian

CAMPER’S NAME_________________________________ GENDER____ AGE____ DOB ___________WEIGHT_______

Last First MI

PARENT/GUARDIAN NAME____________________________________________________________________________

ADDRESS________________________________________ CITY___________________ STATE_____ ZIP___________

HOME PHONE_(______)__________________________ CELL PHONE_(______)__________________________

SALVATION ARMY SPONSORING UNIT ________________________________________________________________

If parent/guardian is not available in an emergency please contact: (please list cell phone numbers below)

1.Name__________________________________________________ Cell Phone_(______)________________________

2.Name__________________________________________________ Cell Phone_(______)________________________

HEALTH HISTORY

ALLERGIES: please list all medications, food and other items your camper is allergic to. This section is NOT for dietary sensitivities.

MEDICATIONS/REACTION FOOD/REACTION OTHER:

______________________________ ______________________________ __________________

______________________________ ______________________________ __________________

MEDICAL HISTORY: please check or list any concerns on the appropriate line

PHYSICAL

☐ Asthma _________________________

☐ Bed Wetting ____________________

☐ Bleeding/clotting ____________________

☐ Diabetes _________________________

☐ Seizures ________________________

☐ Swimmer’s Ear ____________________

☐ Lice/Bed Bugs ____________________

For female campers: Has this camper menstruated: (yes or no)? _________ If not, is she been told about menstruation? ________________________

MEDICATIONS : Please list below ALL medications (including over the counter and nonprescription) taken routinely. Bring enough medication for entire camping session. ALL medications MUST be in the original packaging/bottle identifying prescribing physician (if a prescription drug) which includes the name, dosage and frequency of medication to be given.

Med___________________________ Dosage_________ Time__________

Med___________________________ Dosage_________ Time__________

Med___________________________ Dosage_________ Time__________

Med___________________________ Dosage_________ Time__________

Med___________________________ Dosage_________ Time__________

OVER THE COUNTER MEDICAL AUTHORIZATION: As the parent/guardian I authorize King’s Lake Camp health care team to administer the medications checked below as needed to maintain or improve the health of my camper. Medications will be administered to treat routine complaints which may include headache, sore throat, nausea, cough, menstrual pain, etc. Dosage recommended by the manufacturer will be followed. (check any/all you will allow camp health team to administer)

☐ Acetaminophen ☐ Ibuprofen ☐ Benadryl ☐ Zyrtec ☐ Tums

Signature:______________________________________________________________________________

IMMUNIZATIONS: attach a copy of your child’s most recent & up to date immunization record to this form.

PHYSICAL: Please indicate date of last physical. Physical must have been conducted in prior 12 months.

Date of physical:_________________________ Dr. Name:__________________________

Dr Address & Phone Number:_________________________________________________________________

RECOMMENDATIONS & RESTRICTIONS while at camp: Does your child know how to swim/lessons? ________________________

Suggestions from parent/guardian that might aid in making your child’s summer at camp more successful.__________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
PARENTAL STATEMENT

Parent/guardian must show their agreement and consent of the items on this page by signing at the bottom

I wish to enroll _____________________________________________________ in The Salvation Army’s King’s Lake Camp.

(camper name)

In case of illness, I wish my child held at the camp nurse’s station or other designated place of quarantine and notification sent at once to the address given on the application. In case of apparent serious sickness, I wish my child sent to a hospital and skilled medical aid called at once, for which I expect to pay the usual charge. I desire camp staff to do for my child as they would for their own child(ren).

I understand all reasonable precautions for health and safety are taken, and participation in all camp activities is at the camper’s own risk. I will be responsible for any medical expense incurred by my child.

I GIVE PERMISSION for my child to attend camp. I will not hold The Salvation Army responsible for any accidents that may occur at camp or to and from camp.

AUTHORIZATION FOR MEDICATION DISTRIBUTION

All medication brought to camp, both prescription and over the counter, must be in the original container it was first issued in with any prescribing doctor’s name and dosage information on it and accompanied by written instruction from a physician or the minor’s parent/guardian and is to be given to the camp nurse/first aid provider upon initial camp arrival and shall be administered throughout the week by the camp nurse/first aid provider. Only medication brought in its original containers will be accepted. All remaining medication will be sent home with the minor at the end of the camp session.

Please note that it is not necessary to bring over the counter medication (aspirin and other pain relievers, cough and cold medicines, upset stomach relievers, etc.) to camp as the camp nurse/first aid provider will provide if and as needed. Any over the counter medication that is brought to camp must follow the same guidelines as listed above.

AUTHORIZATION FOR CONSENT TO MEDICAL OR DENTAL CARE OF MINOR CHILD

THE UNDERSIGNED, BEING THE __________________________________________ AND THE PERSON HAVING (Relationship to Minor)

LEGAL CUSTODY OF __________________________________________, A MINOR, BORN ON __________________, (Name of Minor) (Date of Birth)

hereby authorizes The Salvation Army, acting through any adult representative thereof, into whose care the said minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the State Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the Dental Practice Act.

ADDRESS___________________________________________________________________________________

CELL PHONE_____________________________ ADDITIONAL PHONE_____________________________

INSURANCE: Is there any insurance available to pay medical expenses for injuries your child may receive? YES NO

INSURANCE CARRIER____________________________________ POLICY #______________________________

SIGNATURE __________________________________________________ DATE _________________________

(parent or guardian signature required)
**PART 1. All Household members**  
*If ALL children listed below are foster children, complete Part 1, then skip to Part 6 to sign this form.*

<table>
<thead>
<tr>
<th>Names of ALL household members (First, Middle Initial, Last)</th>
<th>Name of School</th>
<th>Age</th>
<th>Foster Child</th>
<th>Check if approved for PFD in 2018</th>
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**PART 2. Benefits**

If any member of your household receives SNAP/Food Stamp or ATAP/TANF, provide the name and case number for the person who receives benefits and skip to Part 6. *If NO ONE receives these benefits, skip to Part 3.*

Name: ____________________________  
Case Number: ____________________________

**PART 3.** Check if this application is for a child who is enrolled in Early Head Start or Head Start. Skip to Part 6.

**PART 4.** Check if this application is for a child who is homeless, migrant, or a runaway. Skip to Part 6.

**PART 5. Total Household Gross Income. You must tell us how much and how often.**

<table>
<thead>
<tr>
<th>Name (List ALL adults and children in the household with income.)</th>
<th>Gross income how often it was received (Annual; Weekly; Every 2 Weeks; Twice A Month orMonthly)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Earnings from Work before deductions</td>
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<tr>
<td>Example: Jane Smith</td>
<td>$200/Weekly</td>
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</table>

**PART 6. Signature and Last Four Digits of SSN (An adult household member must sign the application.)**

If Part 5 is completed, the adult signing the form also must list the last four digits of their Social Security Number or mark the “I do not have a Social Security Number” box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: ____________________________  
Print name: ____________________________  
Date: __________

Address: ____________________________  
Phone Number: ____________________________

City: ____________________________  
State: _____  
Zip: ____________________________

Last four digits of Social Security Number: ** * * - _______  
☐ I do not have a Social Security Number

**PART 7. Children’s Ethnic and Racial Identities (Optional)**

<table>
<thead>
<tr>
<th>Choose one ethnicity:</th>
<th>Choose one or more (regardless of ethnicity):</th>
</tr>
</thead>
</table>
| ☐ Hispanic/Latino    | ☐ Asian  
| ☐ Not Hispanic/Latino| ☐ American Indian or Alaska Native  
|                      | ☐ Black or African American  
|                      | ☐ White  
|                      | ☐ Native Hawaiian or other Pacific Islander |