

**YWAM DISCOVERY BAY
KKI King's Kids
Spring 2008 Outreach Application
DUE: April 30, 2008**

Name _____ Birth date _____

Address _____ City _____ State/Zip _____

Phone _____ Age _____ Sex _____ Place of Birth _____

Email: _____

Name of parent/guardian you live with _____

What grade are you in? _____

Name of church you attend _____

Name of Pastor _____ Name of Youth Pastor _____

Emergency Information:

In the event of an emergency, please notify the following parent or legal guardian:

Name: _____ Relationship: _____ Phone: _____

Any dietary needs/food allergies?

Any medical allergies?

Applicant Agreement:

As an applicant to the King's Kids Go-Camp, I take the responsibility to obey all of the rules and regulations governing by behavior during all meetings and outreaches and to give my full attention and support to the King's Kids Go-Camp staff in order to make such meetings and outreaches a success for all participants.

I read, understand, and have answered to questions on this application to the best of my ability.

Signature of King's Kids Go-Camp participant:

What is your T-shirt size?				
Youth Small	Youth Medium	Youth Large	Other _____	
Adult Small	Adult Medium	Adult Large	Adult X-Large	Adult XX-Large

Applications due no later than April 30, 2008 with a \$50 deposit
Return applications and deposit to:
YWAM KKI King's Kids Discovery Bay
P O Box 989
Port Hadlock WA 98339
Questions? Call Becky at 360-385-3498 or Email: Becky@ywamdb.com

After your application is received and reviewed,
we will send you additional team information.

Youth With A Mission Discovery Bay Go-Camp 2008
Parental Agreement (members under 18)
Dates May 24-26, 2008

AUTHORIZATION FOR LEADERS

Medical Release:

I hereby authorize the leadership of Youth With A Mission (YWAM) Go-Camp, also known as King's Kids to retain such medical care and treatment, as it seems necessary at their sole discretion, for my child while he/she is participating in Youth With A Mission activities during the dates of May 24, to May 26, 2008. I agree to performance of such treatment, anesthesia, and operation as, in the opinion of the attending physicians, is deemed necessary.

Travel:

I have been informed of the schedule and itinerary for the period of May 24 to 26, 2008, and give permission for the participant to join this program. Should any question arise, I can be contacted at the above address and telephone number.

Disciplinary matters:

In the unlikely event that my child should persist in violating the team rules of YWAM to the point that correctional discipline is necessary, I hereby authorize leadership of Youth With A Mission to administer discipline, to including restrictions on the use of free time and spending money, as well as the addition or deletion of work duties. In the event that my child does not respond positively to this correction, I authorize YWAM staff to telephone me collect so that the next step of discipline may be determined. It is further agreed that should there not be a clearly perceived change in response to these disciplines, my child may be sent home at my additional expense.

PARENT ASSUMPTION OF RISK

Insurance Coverage:

I hereby confirm that we have checked with our insurance company in regard to the coverage of the above-named participant in the event of an accident, sickness, or loss/damage of property. The insurance coverage is sufficient for the above-named activities and the places traveled to.

Insurance Company

Policy Number

I am aware that YWAM King's Kids Staff will not take financial responsibility for sickness, accident, or loss/damage of property.

Agreement Not To Sue:

In regard to the participation of my child in all activities of Youth With A Mission Go-Camp King's Kids between the dates of May 24 to 26, 2008, I the undersigned, as parent and/or guardian, covenant with Youth With A Mission (YWAM) Staff that I will never individually or jointly, or on behalf of my minor child, institute or assist in any action at law in any court, tribunal, or other forum against YWAM Staff on account of any injury or other loss or damage of any kind whatsoever that may hereafter be sustained by my above-named minor child or myself as a consequence of said minor child's or my participation in, or involvement in, any activity either in a training center, outreach, outing, transportation to and from any activity by bus, van, automobile, boat, airplane, public or private conveyance, or otherwise, sponsored directly or indirectly by YWAM Staff and any affiliated agencies, or representatives, whatsoever.

This covenant shall bind me and my heirs, assigns, and legal representatives, and may be pleaded as a complete defense to any action brought in breach of this covenant and agreement, and I expressly agree to indemnify YWAM Staff against, and to pay any loss from me or by anyone in my behalf, or on behalf of themselves, or in said minor's behalf, for the purpose of enforcing a claim for loss of life, personal injury, property damage, or loss sustained by me or said minor in consequence of my, or said minor's, attendance or participation in any King's Kids activity of any kind whatsoever.

I have read this agreement and understand all its terms to my complete satisfaction and have executed this document freely.

Signature of father/guardian

Date

Signature of mother/guardian

Date

Signature of witness

Date

**YOUTH WITH A MISSION DISCOVERY BAY
KING'S KIDS
Health History Form**
(To be completed and signed by a parent/guardian)

Name of child _____ **Birthdate** _____ **Phone** _____

Street Address _____ City & State _____ Zip _____

Name of parent(s)/guardian(s) child lives with

Name and Address of physician _____ Phone _____

Name of insurance company _____ Policy Number _____

Does your child have any medical or emotional concerns?

Date of last health exam: _____ Any
problems? _____

Is your child taking any medications? Yes No If yes, please state reason:

Is your child up-to-date on immunizations? Yes No If no, please explain:

Since last health exam, has your child had any of the following:

Illness lasting longer than one week Surgical operation or fracture
Treatment in a hospital/emergency room Serious injury
Prescribed medication taken on regular basis

Is your child restricted from participating in any school activity? Yes No If yes, please explain:

Has your child been exposed to or carry any contagious disease or infection? Yes No

List any allergies:

Is your child allergic to any medications? Yes No If yes, please list and describe:

All the information provided is true and correct to the best of my knowledge. There is no reason(s), other than those stated on this form that my child cannot participate in any activities.

Signature of parent/guardian _____ Date _____