



Conqueror Kids

Summer Camp Application

REGISTRATION: \$50 per child

REGISTRATION PAYMENT: Amount Paid:\$_____ Cash Credit Online Check #_____ Staff Initials_____

COST: WEEKLY--1st Child- \$130/week; 2nd & 3rd Child- \$110/week; 4th Child- Field trip fees only; DAILY--\$50/day/child

Camper/Family Information

CHILD'S NAME	DOB	GENDER	GRADE ENTERING	CONDITIONS, ALLERGIES, OR DIAGNOSES THAT CAMP STAFF SHOULD BE AWARE OF	T-SHIRT SIZE

Female Guardian Information

First _____ Last _____

Street Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Work Phone _____ Cell phone _____

E-mail _____

Occupation _____ Employer _____

Relationship to child(ren) _____

Male Guardian Information

First _____ Last _____

Street Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Work Phone _____ Cell phone _____

E-mail _____

Occupation _____ Employer _____

Relationship to child(ren) _____

ConquerorKids Summer Camp

Hosted by Tabernacle Christian School

1225 29th Avenue Drive NE · Hickory, North Carolina

tabernaclechristianschool.org · (828) 324-9936

"Let your light so shine before men, that they may see your good works, and glorify your Father which is in heaven." Matthew 5:16



Conqueror Kids

Person responsible for payment _____

Split invoices 50/50 between parents Alternate weekly billing between parents

Notes about billing: _____

Child lives with: _____

Emergency Contact Information – Alternate Pick-Up/Release

In case of illness, medical emergency, or need for pick-up, the following people (in addition to parents listed above) may pick up my child(ren). These people will be required to show photo ID.

NAME	RELATIONSHIP	ADDRESS	PHONE

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____ Hospital Preference: Frye Catawba Valley

Address _____ Phone _____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

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Terms of Agreement

Medical Release

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission for my child to be photographed during the ConquerorKids Summer Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of ConquerorKids Summer Camp.

Parent's/Guardian's Initials _____

Transportation Release

1st-8th Grade Campers:

I hereby give permission for the transportation of my child for official ConquerorKids activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Preschool Campers:

I understand that preschool campers do not participate in scheduled field trips. Should an emergency arise, I hereby give permission for the transportation of my child off the campus of Tabernacle Christian School, with the understanding that I will be contacted as soon as possible and that everything reasonable will be done to insure the safety of my camper.

Parent's/Guardian's Initials _____

ConquerorKids and Tabernacle Christian School are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

PRESCHOOL CAMPERS ONLY

Additional forms are required for preschool campers. Please ensure that you have completed and returned all required preschool paperwork at the time of registration. If your child was enrolled at TCS during the 2023-2024 school year, you will not need to complete additional forms.

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COVID-19 WAIVER

The Tabernacle Christian School has worked with state and local agencies, including our local health department, to draft and implement guidelines moving forward regarding cleaning, screening, social distancing, etc. Though the Tabernacle Christian School and its agents will work hard to implement and abide by those guidelines, neither the guidelines themselves nor even guidance from the Centers for Disease Control and Prevention ("CDC") would allow the Tabernacle Christian School to guarantee an environment that is entirely free of COVID-19 related risks.

By allowing your child to engage in activities on campus, however, you acknowledge and understand that your child's attendance will require him/her to interact physically with the Tabernacle Christian School's staff members, other students, and even volunteers. As such, despite reasonable mitigation efforts on behalf of the Tabernacle Christian School, physical interaction with the public at large may pose some unavoidable risks to you, your child, and your family due to the COVID-19 pandemic. With that, you further acknowledge and agree to the following:

1. Waiver and Release: You hereby release and forever discharge and hold harmless the Tabernacle Christian School and its agents (any employee, client, agent, owner, shareholder, board member, or any other representative of the Tabernacle Christian School) from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from your child's return to campus and/or participation in activities associated with the Tabernacle Christian School. You understand that this release discharges the Tabernacle Christian School from any liability or claim that you may have against the Tabernacle Christian School with respect to COVID-19.

2. Assumption of Risk: You further understand that your child's return and/or participation may expose him/her and others to unavoidable COVID-19 community spread. As such, you hereby expressly and specifically assume the risk of injury or other harm, and also expressly release the Tabernacle Christian School and its agents (any employee, client, agent, owner, shareholder, board member, or any other representative of the Tabernacle Christian School) from all liability for injury, illness, or other issue resulting from or in any way related to your child's return or participation.

BY EXECUTING BELOW, YOU ACKNOWLEDGE HAVING READ AND UNDERSTOOD ALL OF THE ABOVE TERMS AND CONDITIONS.

Child #1's Printed Full Name

Parent Signature

Child #2's Printed Full Name

Date

Child #3's Printed Full Name

Child #4's Printed Full Name

Child #5's Printed Full Name

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