

KIDS CAMP INFORMATION PACKET



LAKWOOD PARK SUMMER CAMP

HOW TO REGISTER!

1

GO TO [NDSM.AG/SUMMERCAMP-26](https://ndsm.ag/summerncamp-26) DEADLINE: MAY 24!

- **Cost:** \$120.00 (Plus additional money for snack shop, tshirts, etc.)

Use church discount code **HOC50**

After May 24: registration increases to \$195 (no discounts applied after 5/24.)

2

FILL OUT & RETURN A HOC MEDICAL RELEASE FORM

Available at the back table or online at harvestoutreachchurch.com



You must do both steps to register!

Grades 3-5

KIDS CAMP JULY 26-29

Grades 3-5

Grade is based on the grade a student will be entering in the Fall 2026 school year.

WHAT/WHEN:

Kids Camp | July 26-29 (3-5 grade)

Grades are based on the year a student will be entering the upcoming school year.

DEPART: Sunday (time TBD)

RETURN: Wednesday (time TBD)

WHERE: Lakewood Park Bible Camp, Devils Lake, ND

COST: Lodging, Meals & and Travel

- **Early Bird Registration: \$120.00*** Due by Sunday, May 24
- **Late/At The Door Registration: \$195.00***

**Plus additional money for snack shop, tshirts, etc. See camp brochure for more info.*

HOW TO REGISTER

1. Go to: ndsm.ag/summerncamp-26 (or scan QR code).

Fill out the online student registration form.

Pay online; use the code **HOC50** to apply the \$50.00 church discount.

2. Complete the attached Medical Release form and return to the church.

STUDENT IS NOT REGISTERED UNLESS BOTH STEPS ARE COMPLETED!



Questions? Contact the church office at 701.642.9445.

ALL STUDENTS MUST BE CHECKED FOR HEAD LICE 8 DAYS PRIOR TO CAMP.

Head checks will be done each Sunday for the next week's camp.

Top sheet is for informative purposes and is yours to keep.



2026 Harvest Outreach Church

Medical Release & Permission Form

STATEMENT OF HEALTH

Must be completed with authorization-release statement signed (on back of form).

Student's Name _____

Phone _____ Email _____

Address _____

Grade _____ Gender _____ Age _____ Birth Date _____

Parent/Guardian Name _____

Parent/Guardian Address _____

Home Phone _____ Business Phone _____

Cell Phone(s) _____

Second Parent or Emergency Contact _____

Phone(s) _____

Insurance Company _____ Policy # _____

Insurance Company Address _____

Insurance Company Phone _____

Name of Policy Holder _____ Birth Date of Policy Holder _____

HEALTH HISTORY – Please check all that apply:

Lung Trouble/Asthma Cardiac or Kidney Problems Diabetic

Seizures: _____

Allergies: _____

Restricted Activities: _____

Current Medications (send instructions): _____

Date of Tetanus Booster: _____ Penicillin or Drug Reaction: _____

Carrier of Infectious or Contagious Disease? (If Yes Explain) _____

Are the applicant's immunization records up to date? YES NO (Do not send records)

Other health information we should know _____

**Information will be kept confidential and be used only in an emergency.*

PLEASE COMPLETE BOTH SIDES

PARENTAL AUTHORIZATION AND CONSENT-LIABILITY RELEASE STATEMENT

Medical Information: Please check one option

___ Medical information is on file and is current.

___ Medical information needs to be updated. *

*Updated Statement of Health form must be attached for child to attend event.

IN CASE OF EMERGENCY, and when I am unable to be contacted, I hereby give permission to the local physician to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child.

Activity Information: I understand that by signing this form I am giving permission for the listed student to participate in all activities. Every activity is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in activities. They also agree to not hold Harvest Outreach Assemblies of God, its' employees or volunteer assistants, liable for damage, losses and injuries to the person or property undersigned.

Event Information:

Name of Event	<u>District Summer Camp</u>
Location	<u>Lakewood Park Bible Camp, Devils Lake, ND</u>
Dates and Times	<u>July 2026 (See Camp Form for specific dates)</u>
Transportation	<input checked="" type="checkbox"/> Van <input type="checkbox"/> Private Vehicle <input type="checkbox"/> None
Cost	<u>\$120.00*, if registered by 5/24; \$195 after 5/24</u> <u>*t-shirts, water bottles, snack shops cards extra – see camp brochure</u>
Other:	<u> </u>

Pictures and Videos: We authorize Harvest Outreach Church to use our child or youth's likeness in photographs or video in any and all of its publications and other media. We will make no monetary or other claim against the church for the use of such photos or videos.

Disciplinary Action: I understand that if my child or youth does not conduct his/herself in a Christ-like manner while attending events of Harvest Outreach Church, my child will receive disciplinary action. If that action includes being dismissed from the event, I will be responsible for transporting my child or youth home.

Parent or Guardian's Signature _____ **Date** _____

I, (student's name) _____ agree to conduct myself in a Christ-like manner while attending the events of Harvest Outreach Church. I will attend all required meetings and cheerfully submit to those in authority over me. I will also obey any rule which may be implemented for a specific event. I realize that failure to adhere to these guidelines will mean disciplinary action and possible dismissal from the event and return home at my parent's expense.

Student Signature _____ **Date** _____

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PLEASE COMPLETE BOTH SIDES