



Champions Kids Camp - Application Instructions

Champions Kids Camp is a camp for children who have survived a traumatic illness, injury, or complex trauma, including the loss of a parent or sibling. Children must be ages 8 to 12 to attend camp. Siblings, brothers and sisters, (age 8 to 12) may attend camp.

Camp is provided at no charge to all campers.

Please fill out the application **clearly and completely in blue or black ink. If additional space is needed to complete information, please use the back of the application form.** We will mail you all the necessary medical forms, maps, and clothing list prior to camp.

If you have any questions or concerns, please call Champions Kids Camp at 832-449-3743, email at info@championskidscamp.org, go to our website at www.championskidscamp.org, or write us at:

NEW Address: Champions Kids Camp
9711 S. Mason Rd., Ste 125, Box 305
Richmond, TX 77407

Please notify us if your address, phone number, or e-mail changes. Without up-to-date information, your child may miss the opportunity to attend Champions Kids Camp.

The signature of a parent or guardian must be on this application.

Important dates:

Application due – **May 31, 2022**

NEW DEADLINES

Completed medical forms (to be mailed after acceptance) - **June 20, 2022**

CAMP DATES – July 24th- 29^h, 2022

Carolina Creek Christian Camp

84 Wimberly Lane, Huntsville, TX (30 mins from Conroe)

Keep this information – You will need it later!!!

Please be aware: For the safety of your child and others, they will be required to follow instructions and treat their group leaders with respect at all times. Also, if your child should repeatedly exhibit any unacceptable behavior at camp, such as bullying, name calling, using vulgar language, or physical aggression that can impact their fellow campers' positive camp experiences, and refuses to stop such behavior, **you WILL be called and REQUIRED to pick him/her up within 2 hours. Parent/Guardian must be available during this week if needed.**

Application Deadline: May 31, 2022

Champions Kids Camp Camper Application

(Please fill out entire application & print clearly. Use only black or blue ink.)

Photo is **REQUIRED** to be considered, please send with application to address below.

Camper's Name _____ Likes to be called: _____

Address _____

City _____ St _____ Zip _____ County _____

Date of Birth _____ Male ___ Female ___ Age (as of 1/22) _____ Grade (as of 01/22) _____

Former Camper (circle one) Yes / No (if yes) Years Attended _____

(please keep in mind what size your child might be at the time of camp in July)

T-shirt size Child's small - 6/8 Child's medium - 10/12 Child's large - 14/16
Adult Small S Adult Medium M Adult Large L Adult XL Adult XXL Adult XXXL

(Female Campers)

Dress size Child's small - 6/8 Child's medium - 10/12 Child's large - 14/16
Adult Small S Adult Medium M Adult Large L Adult XL Adult XXL Adult XXXL

Mother/Guardian Name _____

Relationship to Child **(Must Fill In)** _____

Address _____

City _____ ST _____ Zip _____

E-Mail _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____

Father/Guardian Name _____

Relationship to Child **(Must Fill In)** _____

Address _____

City _____ ST _____ Zip _____

E-Mail _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____

Alternate contact person name (Required) This person must be eligible to pick up camper if parent is unavailable and the circumstance arises. _____

Relationship to Child **(Must Fill In)** _____

Phone (____) _____ Alt Phone (____) _____

Therapist's Name (if applicable) _____

Work Phone (____) _____ Cell Phone (____) _____

Social Worker's Name (if applicable) _____

Work Phone (____) _____ Cell Phone (____) _____

Print Camper's Name: _____

Is camper the child of an active military, veteran, or first responder? Yes No

Must Complete this Section

Please provide us with a **detailed concise** statement of camper's serious illness, injury, or trauma. You may use the back of this form if additional space is needed.

Current Medications

Pharmacy contact number (____) ____ - _____

Name	Description	Dosage	Purpose

Vitamins/Food Supplements

Name	Description	Dosage	Purpose

Known Conditions, Allergies, & Previous Surgeries

Date	Description

Print Camper's Name: _____

Please identify all that apply (**must check yes or no**):

EMOTIONAL: YES NO **MEDICAL:** YES NO

ANGER/PRONE TO FIGHTS			SEIZURES		
PHYSICAL TRAUMA			NOISE SENSITIVITY		
ANXIETY/PANIC ATTACKS			MEDICATION SIDE EFFECTS		
POSTTRAUMATIC STRESS DISORDER (PTSD)			SELF-HARM/CUTTING OR SUICIDE ATTEMPT		
RUNS AWAY WHEN DISTRESSED OR ANGRY			PLEASE CIRCLE ANY OF THE FOLLOWING THAT APPLY: ADD ADHD AUTISM		
DEPRESSION					
FEAR OF PEOPLE OR OTHER FEARS			ODD-OPPOSITIONAL DEFIANCE DISORDER		
ATTITUDE ISSUES/BAD ATTITUDE			Sleep Apnea		

* If you answered yes to any of the above, please explain and please include any other medical, behavioral or mental health diagnosis or issues: _____

Please list any school or legal discipline experiences. Explain

Please list any physical limitations.

The above information will be helpful to guide your child to enable healing and assure an enjoyable camp experience. **Our goal at Champions Kids Camp is to provide a safe and healing environment for each child to get passed what they will never get over.**

Signature of Parent or Guardian _____ **Date** _____

Applications must be completed and emailed to kimnash@championskidscamp.org or mailed to:

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9711 S. Mason Rd., Ste 125, Box 305
Richmond, TX 77407