

SPACE IS LIMITED. REGISTRATION MUST BE SUBMITTED TO ASSURE PLACEMENT. FIRST COME/ FIRST SERVED

Kidz Kamp / Journey Kidz Questionnaire

Application Date: _____

Week of Camp: _____



Name (Parent) _____

Address _____

Email _____ Phone _____ (Circle one)

Child's Name: _____ Age/ Grade ____/____ Shirt Size (Adult/Child S/M/L)

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1. How did you hear about this camp? _____

2. What was your prime reason to attend? _____

3. Total number in your household? Adults _____ Children _____

4. Who prepares the meals in your household? _____

5. How many days per week does the family sit down together for a family meal? _____

6. How many times per week do you go through the drive-through or eat at fast-food restaurants? _____

7. What kind of exercise do you as an adult do? _____ how often? _____

8. Exercise activities that the child(ren) are involved in? _____

Is there a family history of:

	mother	father	child
Diabetes	_____	_____	_____
High BP	_____	_____	_____
Obesity	_____	_____	_____
Smoking	_____	_____	_____



Children's Hold Harmless Agreement

ONE FORM PER FAMILY PLEASE

Name of Participating Child: _____ Food Allergies _____

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Name of Participating Parent/Legal Guardian: _____

Name of Participating Adult (if different from parent): _____

As parent/legal guardian named above I give my permission for the children listed above to participate in Kidz Kamp, and Journey Kidz program hosted by Papa's Pantry, Inc. on _____ (list dates). I understand that the children will be participating in a variety of programs, some of which include healthy eating/ snacking and physical activity. I/ or the Participating Adult, will ensure that the children involved are not allergic to the foods handled and eaten. I/ or the Participating adult will also supervise all outside/ physical activity to be sure that the child/children are healthy enough to perform the exercises and programs. I will in no way hold Papa's Pantry responsible for any injury to my person, the Participating Adult, or the children, and/ or property that may be sustained. I hereby hold harmless Papa's Pantry for any & all claims that I may have for bodily injury and/or property damage. I understand that I may use my own car in carrying out these activities and that I hereby waive any & all claims for property damage and/or bodily injury and will rely solely on my own auto insurance and/or health insurance if such claims arise.

Please list any health concerns the staff should be aware of:

Parent Signature _____ Date

Participating Adult Signature _____ Date

PHOTO RELEASE FORM

I, the undersigned, do hereby release any and all claims to the photographs taken by Papa's Pantry and The Master's Training Center Staff or volunteers. It is understood that these photographs may be used in a variety of ways including advertising purposes. Ownership and use of the photographs will be at the total discretion of the Executive Director of Papa's Pantry. I further understand that I will NOT be compensated in any way for the taking, the using or the publishing of these photographs.

Signature of Parent or Legal Guardian _____

Please Print name of Parent or Legal Guardian: _____

Date: _____

Witness: _____