

**How did you hear about Camp Kuponon:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Informed Consent**

I give consent for \_\_\_\_\_'s  
Voice/likeness to be used non-exclusively, and royalty-  
free for advertisement and promotional purposes by  
Camp Kuponon.

**Medical Information**

In case of medical emergency, I understand every effort  
will be made to contact parents or guardians of the  
camper. In the event they cannot be reached, I hereby  
give permission to the physician selected by the camp to  
hospitalize and secure proper treatment (i.e. injections,  
anesthesia, surgery, etc.) for my child named on the  
application. I agree to the release of any records  
necessary for treatment, referrals, billing, and insurance  
purposes. I also affirm that the medical information on  
this form is complete and correct.

My child may receive the following medications at the  
discretion of the camp nurse.

Allergies: Benadryl (Diphenhydramine)  
Anti-itch: Ivarest, Caladryl, Hydrocortisone cream,  
Campho Phenique, Lavender Oil  
Decongestant: Sudafed, Peppermint Oil (aromatic)  
Indigestion: Mylanta  
Pain/fever: Tylenol (Acetaminophen), Advil  
(Ibuprofen)  
Sunblocks

Sun burn relief: Lavender Oil, Aloe  
Topical Antibiotics: Triple Antibiotic Ointment, Tea  
Tree Oil  
Any exceptions: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

Checks payable to Maili Bible Church  
Note "Camp Kuponon and camper's name" in memo line

\$200/ camper  
\$160/ additional sibling

Please check the week attending:

\_\_\_\_\_ Junior: June 7-11 \_\_\_\_\_ Teen: June 14-18

Shirt size: Youth \_\_\_\_\_ or Adult \_\_\_\_\_

"I have read the general information section in this  
brochure, and I agree to comply with the dress and  
conduct regulations while at camp."

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Parent/Guardian Signature

Camper name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address

\_\_\_\_\_  
City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Name

\_\_\_\_\_  
Emergency Contact other than parent/guardian

Phone(\_\_\_\_\_) \_\_\_\_\_

Names of people who are allowed to drop off/pick  
up camper

\_\_\_\_\_  
(Optional) I would like to room with...(one choice  
only, first and last name)

\_\_\_\_\_  
Mail: Camp Kuponon  
c/o Maili Bible Church  
87-138 Gilipake St.  
Waianae, HI 96792