How did you hear about Camp Kupono:

_____

_____

_____

Informed Consent

I give consent for my child's voice/likeness to be used non-exclusively, and royalty-free for advertisement and promotional purposes by Camp Kupono.

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 hearby 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,
Any exceptions:_____
_____
_____

_____
Parent/Guardian Signature

Pay online at campkupono.org or

Please make checks payable to **MAILI BIBLE CHURCH**
Send application and payment to:
Maili Bible Church
87-138 Gilipake St.
Waianae, HI 96792

Cost:$240 ($215 for each sibling)

Please check the week attending:

_____Junior: June 3-7_____Teen: June 10-14

List 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, with both campers requesting each other**)

_____