

**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 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,  
Any exceptions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Cost:\$225 (\$200 for each sibling)

Please check the week attending:

\_\_\_\_\_ Junior: June 5-9 \_\_\_\_\_ Teen: June 12-16

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)  
\_\_\_\_\_