



Kids of Victory – Summer 2018  
**Campers Registration Form**  
**West Location ONLY**

**WEST LOCATION:**  
 West Springs Church, 501 Big Bend Rd. Ballwin 63021

This form is for Children who have completed Kindergarten  
 (and are 6 by Aug. 1, 2018) through 6th grade.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 (This is what will be printed on their t-shirt.)

Age: \_\_\_\_\_ on August 1, 2018       Male     Female

Grade **COMPLETED** Spring 2018 \_\_\_\_\_

Mother's Last  
 First Name: \_\_\_\_\_ Name: \_\_\_\_\_

Father's Last  
 First Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Home Church: \_\_\_\_\_

The School I Attend: \_\_\_\_\_

Is this your first year at KOV? Yes    No - I've attended \_\_\_\_\_ years  
At either location

<b>T-Shirt Size - Circle One (1)</b>				KOV T-shirts cannot be cut or changed during camp.		
Child 6-8	Child 10-12	Child 14-16	Adult S	Adult M	Adult L	Adult XL

**Attendance is limited to this KOV session only.**  
**June 25-29, 2018**

Yes, I am aware that my child cannot attend additional weeks of KOV at the Crestwood location

Is your child an independent swimmer?  Yes     No  
 (No = Your child requires one on one assistance)

In Case of Emergency, contact:

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Day Time Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Allergies: \_\_\_\_\_

All medications your child is on: \_\_\_\_\_

Special Needs Considerations: \_\_\_\_\_

**My child (Child's Name):** \_\_\_\_\_

has permission to participate in all Kids of Victory - 2018 events and field trips. I give my consent for my child to be photographed as a part of KOV programming and nonprofit promotions. In the event that my child needs medical attention during Kids of Victory - 2018, including over the counter medications, I give permission for Ministry Staff to administer medical treatment or admit to a hospital for emergency treatment. I further agree to hold harmless and release from liability West Springs Church and/or Southgate Church, its ministers, and anyone acting on behalf of KOV for any and all injuries sustained while at KOV.

I give my permission to administer over the counter medication  Yes     No

\_\_\_\_\_  
 Parents or Guardians Signature      Date: \_\_\_\_\_

**Optional Friend Request**  
 (One Name Only)

Friend's First Name: \_\_\_\_\_ Friend's Last Name: \_\_\_\_\_

I understand it is my responsibility as the parent to ensure my child's friend request is mutually made by the requested friend's parent. I understand any request other than a one-on-one match between two children registered by **April 20**, will result in random placement.

Listing multiple names will result in NO friend placement.

Campers cannot be placed with teen leaders, except for medical reasons.

**Early Bird Prices**

\$75 if registered by March 31\*      \$85 if registered by May 19\*  
 \$95 for all registered after May 19\*

**NO changes can be made after a session closes or May 19, whichever comes first.**  
**NO refunds can be issued after May 19.**

*Make checks payable to: Southgate Church*

Mail to: Kids of Victory, 9820 East Watson Road, Crestwood, MO 63126  
 314-842-8679