

**Kids of Victory - Summer 2019
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, 2019) through 6th grade

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

Age: _____ on August 1, 2019 Male Female
Circle One

Grade **COMPLETED** Spring 2019 _____

Mother's Last
First Name: _____ Name: _____

Mother's
Cell #: _____ Email: _____

Father's Last
First Name: _____ Name: _____

Father's
Cell #: _____ Email: _____

Home Address: _____

City, State & Zip: _____

Home Phone # with area code: _____

Home Church: _____

The School I Attend: _____

Is this your first year at KOV? Yes **OR** No - I've attend _____ years
Either location Crestwood or West

T-Shirt Size—Circle One (1) 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 24-28, 2019**

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 - 2019 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 - 2019, 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

_____ 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 30, will result in random placement. **Listing multiple names will result in NO friend placement.**

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

Early Bird Prices

\$75 if registered by April 17 \$85 if registered by May 17 \$95 for all registered after May 17.

NO changes can be made after a session closes or May 17, whichever comes first.

NO refunds will be issued after May 17

Please Note: If you cancel before May 17, there will be a \$5 processing fee for each registration.

Make checks payable to: Southgate Church

Mail to: Kids of Victory, 9820 East Watson Road, Crestwood, MO 63126

314-842-8679