

**HIS CHOSEN OUTREACH MINISTRIES INC.  
KINGDOM KIDS LIFE SKILLS CAMP  
OFFICIAL REGISTRATION APPLICATION & PARENT/GUARDIAN AGREEMENT**



**Camp Location:**

His Chosen Outreach Ministries Inc (HCOM)  
2385 Old Ocean Hwy  
Bolivia, NC 28422

**Camp Hours:**

9:00 AM – 3:00 PM Daily

**Camp Sessions:**

Session 1: June 8th – June 19th, 2026

Session 2: July 13th – July 24th, 2026

**CAMP OVERVIEW**

Kingdom Kids Life Skills Camp is designed to equip youth spiritually, emotionally, socially, and practically through engaging activities, leadership development, educational enrichment, and meaningful life skills training.

**Camp includes:**

- Daily meals and snacks
- Educational workshops and guest speakers
- Leadership and character development
- Field trips and transportation
- STEM, life skills, and enrichment activities
- One official Kingdom Kids Camp T-shirt
- Supplies and program materials

**REGISTRATION FEES**

Early Registration: April 1 – May 1: \$200

Standard Registration: May 2 – May 31: \$275

Late Registration: June 1 – Until Full: \$300

**Registration Fee Includes:**

- Food
- Transportation
- Field trips
- Camp T-shirt
- Supplies and materials



***All registration fees are non-refundable and non-transferable.***

## PAYMENT METHODS

CashApp or Venmo: **\$HisChosenMinistries**

Checks Payable To:

His Chosen Outreach Ministries Inc. (HCOM)

Cash accepted in person.



**Full payment is required to secure your child's spot.**

## CHILD INFORMATION

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_

School: \_\_\_\_\_

Grade Completed: \_\_\_\_\_

T-Shirt Size (Circle One):

Youth: XS S M L XL

Adult: S M L XL XXL

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

## AUTHORIZED PICK-UP PERSONS

Only individuals listed below will be permitted to pick up your child. Valid ID is required.

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

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

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

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

Parent Initials: \_\_\_\_\_

## LATE PICK-UP POLICY AGREEMENT

Camp ends promptly at 3:00 PM.

A late fee of \$20 will be charged if your child is picked up more than 15 minutes late (after 3:15 PM).

Your child may not return to camp until the late fee is paid in full.

Parent/Guardian Initials: \_\_\_\_\_

**ELECTRONICS POLICY**

Electronics (phones, tablets, gaming devices, etc.) are NOT permitted at camp.

Exception: Electronics will be allowed during travel to Raleigh.

HCOM is NOT responsible for lost, stolen, or damaged items.

Parent Initials: \_\_\_\_\_

Student Initials: \_\_\_\_\_

**PERSONAL PROPERTY POLICY**

HCOM is not responsible for lost, stolen, or damaged personal items.

Please label all belongings.

Parent Initials: \_\_\_\_\_

**MEDICAL INFORMATION**

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

Physician Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Does your child have any of the following? (Circle all that apply)**

Asthma

Allergies

Diabetes

Seizures

Heart Condition

Behavioral Concerns

Other: \_\_\_\_\_

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

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

Current Medications: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION**

I authorize His Chosen Outreach Ministries Inc. staff to obtain medical treatment for my child in the event of an emergency.

I understand every effort will be made to contact me first.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PHOTO / VIDEO CONSENT RELEASE

I grant permission for His Chosen Outreach Ministries Inc. to photograph and/or video my child for use in:

- Ministry publications
- Website
- Social media
- Promotional materials

No compensation will be provided.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## TRANSPORTATION PERMISSION

I give permission for my child to be transported by His Chosen Outreach Ministries Inc. staff for field trips and program activities.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## BEHAVIOR EXPECTATIONS & NO BULLYING POLICY

His Chosen Outreach Ministries Inc. maintains a ZERO TOLERANCE policy for:

- Bullying
- Fighting
- Threatening behavior
- Disrespect toward staff or other youth
- Destruction of property

Consequences may include:

- Parent notification
- Immediate removal from camp
- No refund

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## LIABILITY WAIVER AND RELEASE

I understand that participation in Kingdom Kids Life Skills Camp involves physical activity, transportation, and group participation. I voluntarily assume all risks associated with participation.

I release and hold harmless His Chosen Outreach Ministries Inc., its staff, volunteers, and representatives from any and all liability, injury, loss, or damage.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SCHEDULE CHANGES

Parents/Guardians will be notified in advance of any schedule changes.

Parent Initials: \_\_\_\_\_

## **FOOD PERMISSION**

I give permission for my child to receive meals and snacks provided by His Chosen Outreach Ministries Inc.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **STUDENT AGREEMENT**

I agree to follow camp rules, respect staff and other students, and participate positively.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **OFFICE USE ONLY**

Registration Fee Paid: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

## **Medication Administration Authorization**

I authorize His Chosen Outreach Ministries Inc. staff to administer or assist with my child's prescribed medication as directed. I understand medication must be in its original labeled container.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Sunscreen & Basic First Aid Consent**

I give permission for staff to apply sunscreen, bandages, and basic first aid as needed.

Parent Initials: \_\_\_\_\_

## **Dismissal Authorization for Emergencies**

In the event of illness, behavioral concerns, or emergencies, I agree to pick up my child promptly when contacted.

Parent Initials: \_\_\_\_\_

## **PARENT AGREEMENT**

I certify that all information provided is accurate and complete.

I agree to follow all policies and procedures.

I understand these policies exist to ensure the safety and success of all youth.

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_