

Mississippi Winter Retreat Walk-in Application

January 17 - 19, 2025

KAMP KUMBAYA, EUPORA, MISSISSIPPI

Youth Ages: 13 and up **Walk-In Tuition: \$75**

Name: _____ Phone: _____ Age ____ Male __ Female __

Address: _____ City _____ State ____ Zip _____

In Case of Emergency Call _____ **Phone** _____

Medical Information: *(Please include a copy of Health Insurance Card)*

Please list any health problems _____

Please list any medications you are taking _____

Date of last tetanus shot _____ List of allergies _____

Health Insurance Company _____ Policy Number _____

Family Physician _____ Phone Number (____) _____

In case of sickness or injury, I hereby grant permission to any physician selected by the camp to give the necessary medical treatment to the person registered on this form. I understand that my medical insurance company will serve as the Primary Coverage and Kamp Kumbaya insurance company secondary insurance. Kamp Kumbaya insurance provides coverage only for accidents which occur during scheduled events for up to and not to exceed \$2500.00. Pre-existing medical/physical problems or injuries which camper may have upon registration are my responsibility. Kamp Kumbaya will not be liable for any of the expenses incurred in such cases.

Signature of applicant (if 18 years old and over) _____

Signature of parent/guardian (if applicant is under 18 years old) _____

____ Please exclude me/my child from any photographs for organization advertising, media, video, audio, or other marketing purposes.

Check-In is at 4:00 pm Friday and Check-out is 12:00pm Sunday.

For Office Use

Worship Team Camper _____

Total Tuition Paid at check-in: _____

For Screening Purpose by Nurse

Application Screened Yes No

www.KampKumbaya.com

Kamp Kumbaya Phone Number: 662-258-1656