



# Summer Splash Rally 2014 Child/Chaperone Registration Form

(1 Application per Child (Ages 5-10)/Chaperone)

**Campmeeting Dates:  
Monday, August 4 – Friday, August 8, 2014**

Please let us know which services you plan to attend for Summer Splash Rallies <b>(AGES 5-10):</b>			
<input type="checkbox"/> <b>Tuesday</b> August 5 at 10:00AM	<input type="checkbox"/> <b>Wednesday</b> August 6 at 7:00PM	<input type="checkbox"/> <b>Thursday</b> August 7 at 10:00 AM  <input type="checkbox"/> <b>Aquatic Center (optional)</b> 12:00-3:00PM	
<b>Payment Instructions</b>			
<ul style="list-style-type: none"> <li>Please make copies of each Child/Chaperone Registration Form for your own records.</li> <li>Please include the following when submitting information for your Child/Chaperones:           <ul style="list-style-type: none"> <li>One Child/Chaperone Registration Form per individual</li> <li>Please make check(s) payable to SOFFC for each Child and Chaperone planning to attend the Aquatic Center</li> <li>Please mail to: SOFFC, PO Box 8355, Cedar Rapids, IA 52408</li> </ul> </li> </ul>			
<b>Child / Chaperone Personal Information</b>			
Please check one: <input type="checkbox"/> Child (ages 5-10) <input type="checkbox"/> Chaperone			
Full Name			
Address			
City/State/Zip Code			
Cell phone		Home phone	
Parent Email Address			
Birth Date		Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name		Parent Cell Phone	
Relationship to child		Parent Work Phone	
<b>Medical Information</b>			
Child's Date of last Tetanus		Child's Known Medical Allergies	
Insurance Company		Policy Holder's I.D.	
<div style="display: flex; justify-content: space-between;"> <div>           _____ Signature of Parent(s) or Legal Guardian(s)         </div> <div>           _____ date         </div> <div>           _____ Signature of Parent(s) or Legal Guardian(s)         </div> <div>           _____ date         </div> </div>			



# Summer Splash Rally 2014 Child/Chaperone Registration Form

(1 Application per Child (Ages 5-10)/Chaperone)

Child Health Statement	
1) Significant illnesses and surgeries child has had (give age at time):	
2) Any special health related needs of child (allergies, medications, injuries, etc.):	
3) Is there any defect of vision hearing or speech of which SOFFC should be aware or could compensate by appropriate action?	
4) Is this child subject to any conditions which limit classroom activities or physical education?	
5) Is this child subject to any condition which may result in an emergency situation?	
Child's Allergy Information	
Does your child have an Allergy Action Plan? _____	
Does your child require any rescue medication such as an EpiPen? _____	
<b>FOODS CHILD SHOULD AVOID</b>	<b>REACTION</b>
<b>ALLERGIES OTHER THAN FOOD</b>	<b>REACTION</b>



# Summer Splash Rally 2014 Child/Chaperone Registration Form

(1 Application per Child (Ages 5-10)/Chaperone)

## Photography / Videotaping Notification

I/We agree that Spirit of Faith Family Church/Harvest Christian Daycare may use photographs/videos of my child(ren) with or without their name for any lawful purpose, including for example such purposes such as publicity, illustration, advertising, and web content.

## Travel Release

I/We give consent for (name of child)\_\_\_\_\_ to participate in aquatic center trip with Spirit of Faith Family Church/Harvest Christian Daycare.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent(s) or Legal Guardian(s)

## Post Aquatic Center Pick-up / Drop-off Authorization (choose one option below)

☐ Once the group has returned from the Aquatic Center, I hereby give my permission for my child to be picked up at SOFFC by the following person(s) identified below:

Name	Relationship	Telephone	
Address	City	State	Zip
Name	Relationship	Telephone	
Address	City	State	Zip

☐ **OR** Once the group has completed the Aquatic Center, I hereby give my permission for my child to be dropped off at (choose hotel):

☐ **Marriott Hotel in Coralville, IA**

Parent/Legal guardian the child will meet in hotel lobby at designated time:

☐ **DoubleTree in Cedar Rapids, IA**

Parent/Legal guardian the child will meet in hotel lobby at designated time:

**Please note, you will receive more details concerning Pick-up and Drop-off times at registration. Thank you.**

Is there a court order prohibiting contact with my child by any person? ☐ YES ☐ NO

*If yes, please provide a photocopy of the order*

Name of prohibited person	Relationship
Name(s) of person(s) who may not pick up my child:	
_____ Signature of Parent(s) or Legal Guardian(s)	_____ Date



# Summer Splash Rally 2014 Child/Chaperone Registration Form

(1 Application per Child (Ages 5-10)/Chaperone)

## Approved Lotions / Products

I hereby give you, SOFFC, permission to use the following on my child when appropriate. Check all that are approved:

<input type="checkbox"/>	<b>Sunscreen</b>
<input type="checkbox"/>	<b>Insect Repellent</b>
<input type="checkbox"/>	<b>First Aid Cream / Spray</b>
<input type="checkbox"/>	<b>Lotion – Jergens Ultra Healing Lotion</b>
<input type="checkbox"/>	<b>Sunburn relief spray/lotion/gel</b>
<input type="checkbox"/>	<b>Vaseline</b>
<input type="checkbox"/>	<b>Absorbine Jr.</b>

\_\_\_\_\_  
Signature of Parent(s) or Legal Guardian(s)

\_\_\_\_\_  
Date

## General Rules

**Please read carefully all rules and regulations. This form must be signed and returned with your registration. No one will be permitted without this agreement.**

- 1) No cell phones, tablets, or iPods (these will be collected and returned at the end of the day).
- 2) Children are required to be involved in all the activities.
- 3) Children are required to obey all Summer SPLASH Staff and Volunteers.
- 4) Children are not allowed to be unattended at any time.
- 5) Children who are ill must not attend while they are ill.
- 6) No violent activity including extreme hitting, biting, or other physical violence.
- 7) No swearing or use of curse words or calling inappropriate names.
- 8) No destroying of property (you will be held responsible for all damages and cost incurred).

## Discipline Policy

- 1<sup>st</sup> time – verbal warning given
- 2<sup>nd</sup> time – timeout
- After 3 timeout's, meet with Summer Splash Director
- Continued disobedience may result in dismissal from Summer Splash. The child's parent or guardian will be contacted to pick-up the child.

\_\_\_\_\_  
Signature of Parent(s) or Legal Guardian(s)

\_\_\_\_\_  
Date



# Summer Splash Rally 2014 Child/Chaperone Registration Form

(1 Application per Child (Ages 5-10)/Chaperone)

## Pre-register/Prepay-Aquatic Center Optional Outing Information

If you plan to attend the Aquatic Center Outing, please include a check with each registration form by **Tuesday, July 1, 2014**.

- All **children (ages 5-10)** have the opportunity to participate in a SOFFC chaperoned offsite outing to Noelridge Aquatic Center in Cedar Rapids, Iowa.
- The Noelridge Aquatic Center outing will be on **Thursday, August 7, 2014**, immediately following the morning service (approx 12:00 pm).
- **Anyone planning to participate must pre-register and prepay for their children to participate in this offsite outing.**
- Summer Splash Registration Forms will be taken on a first-come, first-serve basis due to limited space.
- **The Aquatic Center Outing fee will include the following:**
  - SOFFC provided chaperones for buses and pool required ratios
  - A sack lunch/beverage
  - Pool pass
  - **Bus transportation from SOFFC Family Center and back or to hotels listed below:**
    - **If you are staying at either the Marriott Hotel in Coralville or the DoubleTree in Cedar Rapids, SOFFC will transport your children to the hotels to be met in the hotel lobby by their parents for pick up at a designated time.**
    - Any remaining children will be returned to SOFFC Family Center for their parents to pick them up at a designated time.
    - **Due to limited transportation seats and safety policies, we are not able to transport any parents, siblings, or outside church chaperones to the aquatic center.**
    - If anyone outside the age group (5-10) would like to attend the aquatic center, they would need to provide their own transportation to the site. You will be given a map and able to follow the buses to and from the aquatic center.
      - **The aquatic center outing fee is \$7.00 per person for additional family members or outside chaperones.**
      - **The fee will include the following:**
        - Sack lunch
        - Pool pass
        - Please indicate how many outside of the age group of 5-10



# Summer Splash Rally 2014 Child/Chaperone Registration Form

(1 Application per Child (Ages 5-10)/Chaperone)

## Aquatic Center (please check and complete if you plan to attend)

- Please confirm your availability to attend ahead of time to allow everyone the opportunity to make reservations.
- **All Aquatic Center Outing Fees are due by Tuesday, July 1, 2014.**
- All Aquatic Center Outing Fees are non-refundable and non-transferable.
- An individual, group or church cancellation of any kind will in turn forfeit all prepaid Aquatic Center Outing Fees. This is due to the fact that SOFFC will still incur the cost even if the individual, group or church is not able to keep their reservation.
- All reservations are non-transferable unless approved by SOFFC.

☐ Yes, I plan to attend the Aquatic Center Outing

List Qty.: 1

**Total Cost:**  
**\$7.00 per child/person**

### Additional Names (if applicable)

Name:	Age:	List Qty.: 1	
Name:	Age:	List Qty.: 1	
Name:	Age:	List Qty.: 1	
Name:	Age:	List Qty.: 1	
Total Amount Submitted:		Total Qty:	Amount Due \$



# Summer Splash Rally 2014 Child/Chaperone Registration Form

(1 Application per Child (Ages 5-10)/Chaperone)

## Prepay Product Order Form

To order product or T-shirts, please visit our website for the Prepay Product Order Form.

## Liability Release & Waiver Information

In consideration for being accepted by \_\_\_\_\_ (parent/guardian) for participation in JEM Family Campmeeting. We (I), being twenty-one years of age or older, due for ourselves (myself) (and for and on behalf of my child/participant, if said child is not twenty-one years of age or older) due hereby release, for every discharge and agree to hold harmless JEM Family Campmeeting and Spirit of Faith Family Church and the directors thereof from any liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersign and the child/participant that occur while said child is participating in above describe trip or activity. Furthermore, we (I) (and on behalf of our (my) child/participant if under the age of 21 years) hereby assume all risks of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involve therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersign further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as a result of negligence, willful or intentional acts of said participant, including expenses incurred attendant thereto. We (I) are parent(s) or legal guardian(s) of this participant, and hereby grant are (my) participant, and hereby grant our (my) permission for him(her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation cost. If a dispute over this agreement or any claim damages arises, the participant (parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process. Refunds: all deposits are non-refundable; non-transferable.

Your signature is confirmation that you have read and accept this policy. This form must be completed in order to process any applications

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## Please mail Registration Form and check if applicable to:

- Mailing Address:  
Spirit of Faith Family Church  
PO Box 8355  
Cedar Rapids, IA 52408

## Contact Information:

- Email address: [frontoffice@soffc.org](mailto:frontoffice@soffc.org)
- Telephone Number: 319-366-2147 Ext. 101