



KaKY Media Camp



The Saint Paul's Baptist Church
"A Church for People On the Ground"

APPLICATION

8:30 am - 5:00 pm

STUDENT NAME _____

Date of Birth _____

AGE _____

GRADE _____

PARENT'S NAME _____

PARENT'S EMAIL _____

CELL PHONE _____

WORK PHONE _____

EMERGENCY CONTACT

*In case of an emergency, I give permission
for my child to receive medical treatment. In
case of such an emergency, please contact:*

NAME _____

**CELL
PHONE** _____

SELECT WEEK (OR BOTH) AND LOCATION PREFERRED

Week 1

**Belt Campus
July 15th - 26th**

**Online Branding | Graphic Design | Web
Design Presentation Skills**

700 East Belt Boulevard | Richmond, VA 23224
(804) 232-5694

Week 2

**Creighton Campus
July 29th - August 9th**

**E-Media Solutions | Journaling
| Videography | Digital Media**

4247 Creighton Road | Henrico, VA 23223
(804) 643-4000



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MEDICAL DISCLOSURE AND FIELD TRIP PERMISSION

STUDENT NAME _____

PARENT'S NAME _____

CELL PHONE _____

WORK PHONE _____

List All Allergies

___ Nuts ___ Strawberries ___ Citrus ___ Latex ___ Shell Fish
___ Wheat/Gluten ___ Dairy ___ Cats/Dogs ___ Eggs ___ Bee Sting
Other _____

___ Asthma ___ Diabetes ___ Heart Murmur ___ Migraines ___

Do you have:

___ Epi-pen ___ Inhaler ___ Other Prescription _____

*Youth is responsible for having all required medications during the trip.
Kollege and Kareer 4 Youth does not accept responsibility for the
transportation or dispersion of medications.*

Initial here indicating you understand _____

*The following is all of the insurance information, restrictions, allergy and
medication information necessary for my child to receive appropriate medical
care.*

Insurance Carrier _____

Group # _____

Primary Care Physician: _____

ID# _____

(Parent/Guardian Signature) (Date) _____



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AUTHORIZATION

I understand that personal injury can and may occur to my child, and I hereby authorize Kollege and Kareer 4 Youth or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release authorize Kollege and Kareer 4 Youth, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

I give permission for my child to ride in any vehicle designated by Kollege and Kareer 4 Youth, its employees and adult volunteers, while participating in and traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of Kollege and Kareer 4 Youth, properties visited on outing, other's personal property, or vehicles used for transportation.

I agree and consent to all of the above stated.

(Parent Signature) (Date)

(Emergency Contact Name and Phone Number for the Day of the Trip)