

# KidQuake 2020

## Registration Packet

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- Who:** 1st –6th Graders
- When:** April 24-26, 2020  
Kidquake begins on Friday at 8:00 pm and concludes before noon on Sunday.
- Where:** **Camp Gilmont in East Texas**  
Gilmont Program Center 6075 SH 144N, Gilmer Texas 75644 / 903-797-6400  
The camp is located about five miles northeast of Gilmer on Texas Hwy (SH) 155. Directions and map can be found at [www.gilmont.org](http://www.gilmont.org).
- Transportation:** Kids will travel by church bus from PHPC to and from Camp Gilmont.
- Cost:** **\$130 per child**  
Includes 4 meals (3 on Saturday and breakfast on Sunday), housing, programming, T-shirt.
- Online registration is preferred here:**  
<https://prestonhollow.wufoo.com/forms/z1rr5aq31d0dp9r/>
- Or make checks to Preston Hollow Presbyterian Church and write “KidQuake 2020” in the memo line.
- What to do:** Complete all of the forms in this packet. You will need a forms packet for each child that will attend. Email [vsmoot@phpc.org](mailto:vsmoot@phpc.org) to request additional form packets. **Return completed forms and payment to the registrar, Veronica Smoot, in the PHPC Administrative Offices by April 10, 2020.**

### OTHER INFO:

- Sponsored by:** KidQuake Task Group of Grace Presbytery
- Leadership:** Coordinated by Miatta Wilson, Amy Parker and a team of Educators. Austin College Activators, PULSE, Grace Young Adults, and Camp Counselors lead onsite.
- Camp Theme:** The 2020 theme is “Change in My Life” and covers the Joseph Story. We will also have a group mission project along with small group, and typical camp activities.

# Grace Presbytery General Release Form



I, \_\_\_\_\_, will be participating in a Grace Presbytery Children's or Youth  
PARTICIPANT'S NAME (PLEASE PRINT)

Event called \_\_\_\_\_ at \_\_\_\_\_  
Name Place  
on \_\_\_\_\_.  
Date

I (We), the undersigned, individually and/or as parents/guardians of the above named participant acknowledge that the above named young person will be participating in this event and it's related activities and using facilities of the sponsoring and hosting institution/camp at the participants own risk. I (We) on my/our own behalf, hereby release, discharge and indemnify Grace Presbytery of Irving, Texas, it's directors, officers, employees, physicians, agents and all volunteer personnel as well as the hosting institution/camp from all liabilities for damage, injury, or illness to the above named participant or his/her property during his/her participation in or travel to or from this Grace Presbytery event.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## PERMISSION TO USE LIKENESS

I, \_\_\_\_\_ (parent/guardian), do hereby give my permission for my dependent child's likeness and/or photograph to be used for informational and promotional purposes (print, video, multimedia, and internet) for Grace Presbytery of Irving Texas and the hosting institutions/camp.

Grace Presbytery and hosting institutions agree to make every effort to protect the privacy and dignity of your children. We will never include biographical information in connection with your child's picture/likeness. (Full name, address, e-mail address, etc.) Additionally, if you or your dependent request that a picture be removed, it will be done so immediately. In the case of an internet picture, this will be done as soon as possible. In the case of a printed picture, this will be done the next time it goes to print.

Name of Camper \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**GRACE PRESBYTERY**  
**YOUTH/CHILD EMERGENCY INFORMATION CONSENT FORM**  
**(NOTE: IF YOUR CONGREGATION HAS AN EMERGENCY HEALTH FORM, IT CAN BE SUBSTITUTED)**

Name of Participant: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY CALL:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ALTERNATE CONTACT:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL INFORMATION:** Please list all allergies: (This includes all Medications, Foods, Insect Bites, Asthma, etc.)

\_\_\_\_\_

\_\_\_\_\_

CARRY EPI PEN/INHALER? \_\_\_\_ YES \_\_\_\_ NO

*\*Note of medical necessity from Dr, stating child may keep this medicine/device in his/her possession. Please include note with this form.*

Please list any medications this child is presently taking:

\_\_\_\_\_

\_\_\_\_\_

*\*Prescription medicine must be in original labeled container. Minors may not self-administer meds, except if needed for life threatening conditions (e.g. EPI Pen/Inhaler).*

Please list all health restrictions, pre-existing or present medical conditions:

\_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

☐ My child does not (I do not) currently have health insurance.

I/We understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I/we cannot be reached or the alternate contact person cannot be reached in an emergency I/we hereby give my/our permission to the physician selected by the activity leader to order emergency transportation, hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I/We understand that all safety precautions will be taken at all times by Grace Presbytery and its ministry partners during all events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Grace Presbytery, their leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by said child. Furthermore, I/We hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

I/We understand that my insurance coverage for my/our child will be used as primary coverage in the event medical intervention is needed. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I/We hereby assume all transportation costs.

**PARENT OR GUARDIAN'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

# Child Covenant of Community

## Grace Presbytery KidQuake

*Please read carefully with your parent or guardian before signing.  
Please return this form to your sponsor and make sure it is brought to camp with your health form.*

- 1) I understand I am expected to participate fully in the activities of the weekend.
- 2) I understand campers, sponsors, and all leadership are expected to wear seat belts when traveling to and from camp.
- 3) I understand I must respect and follow the instructions of sponsors and staff members.
- 4) I understand the staff has established curfews in order to insure adequate rest and safety. Campers and sponsors are expected to follow these.
- 5) I understand I may not have electronic devices including cell phone, tablet, MP3 player etc. We are here to enjoy each other and God's creation for the weekend.
- 6) I understand the cost of repair for any destruction of property by a camper will be the responsibility of the parent.
- 7) I understand illegal drugs, alcoholic beverages, firearms, tobacco products, or fireworks are not permitted.
- 8) I understand inappropriate behavior between campers, or staff/sponsors and campers is not permitted.
- 9) I understand that practical jokes, inappropriate language and other behaviors which do not build up the body of Christ are not permitted. This includes water balloons, silly string, shaving cream, water guns, and more, some of which can hurt the environment, birds and animals, as well as people.
- 10) I understand that no sexually suggestive clothing or clothing depicting alcohol or tobacco may be worn.
- 11) I understand flip flops and sandals are a safety hazard and should not be worn.
- 12) I understand that in the event I am dismissed for unbecoming conduct, the director will notify my parents or guardian to pick up me up at our expense.
- 13) I understand that campers and sponsors may not have food or drinks in cabins since it attracts critters.

As a person desiring to be a follower of Jesus Christ and His teachings, by signing this form I agree to follow the above. In addition, I agree to work on the following attitudes: ***respect for others and self, responsibility for personal actions, openness in mind and heart to learning and the leading of the Holy Spirit.***

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Camper's Signature

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Date

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Parent or Guardian's Signature

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Date



**Assumption of Risk and  
Release Affidavit:  
Texas Department of Health, ACA  
Health/Wellness Standards**

*With my signature below, I certify that I have been informed and made aware that during my/my child's participation in Kid Quake/Youthquake at Presbyterian Camps of Gilmont, certain risks and dangers may occur. These risks include, but are not limited to: hazards that arise from being in a wilderness area, the forces of nature, and participation in activities near or in water and/or other camp activities, arranged by the camp or the group leader. To allow participation in the activities organized and conducted, Camp Gilmont wishes to make known there is inherent risk in camp activities. These activities include but are not limited to: canoeing, hiking, group athletic events.*

*The **signature on this document** shall serve as **permission for participation, and the release and assumption of risk**. In consideration of my willingness to engage/allow my child to engage in camp activities, I, the undersigned assume ordinary risks involved due to the nature of the activities and do hereby hold Presbyterian Camps at Gilmont, Inc., also known as Camp Gilmont, its officers, directors, agents, employees and volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorneys fees, which may arise from emotional or physical injury, including fatality, from or in connection with my/my child's stay, or participation in activities at Camp Gilmont. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators and for all members of my/my child's family.*

*In case of accident or illness, the cost of medical care is the financial responsibility of the ill or injured person or parent or legal guardian. I have listed on the Permission to Treat Form for Minors or the Health and Emergency Information Form for Adults, any medical condition that Camp Gilmont should be aware of which may hinder my/my child's participation in the program(s). However, I understand that it is solely my responsibility to determine whether there is any medical reason that I/my child should not participate in the program(s). I also state that I am not under, and will not be under, the influence of any chemical substance, including alcohol. Further, I understand that I am responsible for cost incurred for transportation home in the event of illness, discipline problem, or failure to adhere to camp procedures.*

**PHOTO/VIDEO OPT OUT:**

       **Initial here if you DO NOT** permit Gilmont and Grace Presbytery to use photographs/videos including you/your child in publicity for promotion and presentation purposes. (Gilmont staff will not use names in publicity).

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Print Full Name of Participant

Signature / Parent Guardian Signature

Date

## **KidQuake**

### **Camper and Parent Information**

**1) Complete and return all the forms that are required by this event and your church to your church staff member or sponsor:**

- a.) Your Church Medical/Emergency Form OR Grace Presbytery Medical/Emergency Form
  - b.) Grace Presbytery General Release Form
  - c.) Grace Presbytery KidQuake Covenant of Conduct
  - d.) Gilmont Assumption of Risk (if going to Camp Gilmont)
  - e.) Any additional forms your church might have.
- Your group leader will be sure to bring your medical forms, release forms and covenants to the camps.

**DO NOT MAIL FORMS TO THE PRESBYTERY OFFICE – They will only be sent back to your church!**

**2) What to bring:**

- 1. Bible
- 2. Sleeping bag/bedding
- 3. Pillow
- 4. Towels
- 5. Rain gear, jacket
- 6. Insect repellent
- 7. Sunscreen
- 8. Hat
- 9. Flashlight
- 10. Toiletry items
- 11. Clothing including long pants and sweatshirt (It can be cold and wet.)
- 12. 2 pairs of covered shoes (no flip flops or sandals – safety issue at camp)
- 13. Water bottle
- 14. Any prescribed medication which should be given to your sponsor to dispense.
- 15. (someone needs an alarm clock)

**3) Confirmation of the date your group is attending has been mailed to your sponsors and they will confirm with you. Refunds (-\$20 processing fee) are available up to two weeks prior to the event.** No refund will be made after that deadline. If your child cannot attend, please let your leaders know far enough in advance, so that someone else might use that spot from your church or from the waiting list.

**4) Please note that food is not permitted in the cabins.** It tends to attract the kind of neighbors that our site managers do not want in the cabins.

**5) Damage to Camp property** – If any individual damages camp, that individual will be held responsible and be asked to make payment for the damages.

**6) Emergency numbers: Your Sponsor's Cell Number is the best thing to have use or** Gilmont: 903-797-6400 and Glen Lake 254-897-2247