



ONEFAMILY

ROYAL FAMILY KIDS CAMP

Camper Photo

CAMPER REGISTRATION FORM (JUNE 29 - JULY 3, 2026)

For Office Use Only

Date Received: _____
Check #: _____
Amount Paid: _____
on Check: _____
Medications: _____

Form Instructions:

This form may be completed digitally online at **OneFamilyFL.com/camper-registration**. This form must be completely filled out. The information is vital to the health and well being of the child. Your form will be returned to you if it is not completely filled in.

Return the Completed Form to: OneFamily RFKC, 271 Rodeo Rd., Ormond Beach, FL 32174 - Attn: Sandra Hogue or email to **royalfamilykids@onefamilyfl.com**

BASIC CAMPER'S INFORMATION

Camper's First Name: _____

Camper's Last Name: _____

Camper's Preferred Name: _____

Birthdate: ____ / ____ / ____

Sex M F

Camper's Current Address Street: _____

City: _____

Zip: _____

The Camper is Living With: Foster Parent Group Home Relative

Camper's Emotional Age: _____

Name(s) of Person(s) the Camper Lives With: _____

How Many Times Has the Child Been Moved in Foster Placement? _____

CAMPER'S DETAILS

Camper's Swimming Ability Is Good Poor Do Not Know

Camper Has Learning Disabilities Yes No

Camper's Reading Level: _____

Has the Camper Attended a Royal Family Kids Camp Before? Yes

Where? _____

No

Camper's T-Shirt Size

Child Small

Child Medium

Child Large

Small

Medium

Large

Wishlist for Three Birthday Gifts _____

Less than \$50 per gift.

CAMPER'S HEALTH HISTORY

Please indicate all known allergies, illness, disabilities, physical limitations or medical complications.

Camper's Allergies: _____

Camper's Illnesses/Medical Complications: _____

Camper's Disabilities/Limitations: _____

Camper Has An Eating Disorder: Yes No

Camper Limitations: Leg or Arm Braces

Hearing Aids

Please indicate date of illness, severity, complications, or any residual impairments of the following:

Respiratory Problems	<input type="checkbox"/>	_____	Hypoglycemia	<input type="checkbox"/>	_____	Musculoskeletal Allergies	<input type="checkbox"/>	_____
Heart or Circulation	<input type="checkbox"/>	_____	Dizzy Spells	<input type="checkbox"/>	_____	Foot Pain	<input type="checkbox"/>	_____
Pulmonary Edema	<input type="checkbox"/>	_____	Back Pain	<input type="checkbox"/>	_____	Seizure Disorders	<input type="checkbox"/>	_____
Hay Fever	<input type="checkbox"/>	_____	Anaphylactic Shock	<input type="checkbox"/>	_____	Poison Oak	<input type="checkbox"/>	_____
Balance Problems	<input type="checkbox"/>	_____	Diabetes	<input type="checkbox"/>	_____	Fainting	<input type="checkbox"/>	_____
Insect Bites	<input type="checkbox"/>	_____	Drug Allergy	<input type="checkbox"/>	_____	Other	<input type="checkbox"/>	_____

Please explain the results from the Camper's Health History from _____
the section above. _____

Are There Any Specific Activities to Be Encouraged for the Camper?

Are There Any Specific Activities to Be Discouraged for the Camper?

PRESCRIPTION MEDICATIONS All medication sent to camp must be in original container with the pharmacy label on it

Is the Camper Taking Any Medications? Yes No

1. Medication Name _____ Dosage _____ Times _____
2. Medication Name _____ Dosage _____ Times _____
3. Medication Name _____ Dosage _____ Times _____

What Is (Are) the Medication(s) For?

Camper's Doctor's Name:

Camper's Doctor's Phone:

Please add any other comments related to HEALTH and MEDICATIONS on an additional sheet.

I understand that it is my responsibility as caregiver to make sure that all instructions are clear and that the necessary dosage is adequately supplied for the duration of camp.

I hereby authorize RFKC's nurse to administer the above medication from _____ to _____.

Parent or Legal Guardian Signature

Printed Name

Date

CAMPER'S IMMUNIZATION HISTORY

Please fill in dates of basic immunizations and most recent booster as best as you can.

DTP Series	_____	DTP Series Booster	_____
Typhoid	_____	Polio OPV (Sabin)	_____
German Measles (Rubella)	_____	Tuberculin (TB) Test	_____
Tetanus Booster	_____	Small Pox	_____
Measles Vaccine (live)	_____	Mumps Vaccine (live)	_____

CAMPER'S EMOTIONAL/BEHAVIORAL HISTORY

	Often	Sometimes	Not At All		Often	Sometimes	Not At All
Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Night Terrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Runs Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Acting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning & Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the results from the Camper's Emotional and Behavioral History on the previous page. _____

Camper "Care Precaution Plan?" Yes No

Please explain any unusual family circumstances that make camp especially important for the child, for example: recent crisis, being moved in foster placement, severe economic needs, etc. _____

MEDICAL RELEASE FORM

This health history is correct so far as I know, and the above named minor has permission to engage in all prescribed program activities, except as noted. The undersigned do hereby authorize the directors of Royal Kids Camp or such substitute as they may designate as agent for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp or elsewhere. This authorization will remain effective while the above minor is enroute to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Director of Royal Family as legal guardian/social worker/other. I give my permission for _____ to attend Royal Family Kids' Camp in the summer of _____ through OneFamily.

 Authorized Signature Printed Name Date

Camper's Medicaid Number: _____

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATION

I hereby give the Royal Family Kids' Camp Registered Nurse permission to administer the following products according to manufacturer's instructions, or as otherwise specified.

I trust the RFKC Registered Nurse to use her best judgment as situations arise, and if in doubt, he/she can call for verification.

Please check YES or NO for the medications listed below. This form must be completely filled out by the primary caregiver who signs below, or camper may not attend camp.

	Yes	No	Specify if Desired
Sunblock	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insect Repellant	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lip Balm	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Specify if Desired
Rash Ointment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Antiseptic Ointment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Band-Aids	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anti-Itch Cream	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hydrogen Peroxide	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cough Syrup	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cough Drops	<input type="checkbox"/>	<input type="checkbox"/>	_____
Decongestant	<input type="checkbox"/>	<input type="checkbox"/>	_____
Antihistamine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ipecac Syrup	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

ACTS IN MOTION - AERIAL ARTS WAIVER

Due to the risk involved in Aerial Arts Training and Performance, a release is required for you as an adult or for your child/teen to participate in this training. Acts In Motion Christian Church & Ministries and staff will maintain the highest precautions for you and your child/teen safety.

I _____ [adult or parent or guardian] am in agreement as to the participation of myself, my child/teen _____ in the Aerial Arts technique and performances at the Acts in Motion church ranch or wherever we have the Aerial Apparatus [and/or] stand put up, or training and performances where we set the Aerial Arts up on a beam in a church or building or circus tent, or on an Aerial Stand. I recognize the attendance and participation may expose myself or my child/teen to risk of injury and harm. I accept this risk and agree that Acts in Motion Christian Church & Ministries and it's staff will not be held liable should such injury or harm occur during your or their participation.

Due to the DANGEROUS NATURE and the CAUTIONS ABOUT AERIAL ARTS I will NOT OR LET MY CHILD/TEEN on the Aerial Apparatus, or the stand while Alina Parrott is not present. Because of the security training provided in our classes if you or your child/teen are not in the class you or they are NOT permitted to touch the Aerial Apparatus or the stand while Alina Parrott is or is not present. You or your Child/Teen are ONLY AUTHORIZED to be on the Aerial Apparatus, while you or your child/teen is a student, Alina Parrott is present, and ONLY when allowed. I or my child/teen will follow all safety procedures at all times.

I will [and my children will] respect the Aerial Apparatus, and the stand and not tear, rip or destroy it. If something happens I take full responsibility to replace or pay for it with the same value.

