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**Champions Kids Camp - Application Instructions**

Champions Kids Camp is a camp for children who have survived a traumatic illness, injury, or complex trauma, including the loss of a parent or sibling. Children must be ages 8 to 12 to attend camp. Siblings, (age 8 to 12) may attend camp. Campers can have a friend come with them as well if they need the emotional support.

**Camp is provided at no charge to all campers.**

Please fill out the application **clearly and completely in blue or black ink. If additional space is needed to complete information, please use the back of the application form.** If your child is accepted, we will email you a link to necessary medical forms, maps, and clothing list prior to camp.

If you have any questions or concerns, please call Champions Kids Camp at 832-449-3743, email at info@championskidscamp.org, go to our website at [www.championskidscamp.org](http://www.championskidscamp.org), or write us at:

 Address: Champions Kids Camp

 9711 S. Mason Rd., Ste 125, Box 305

 Richmond, TX 77407

Please notify us if your address, phone number, or e-mail changes. Without up-to-date information, your child may miss the opportunity to attend Champions Kids Camp.

**The signature of a parent or guardian must be on this application.**

**Important dates:**

  **Application due – May 31, 2025**

 If accepted, we will mail forms (5) to you or send you a secure link via email –

 **Completed medical forms Deadline-June 20, 2025**

 **CAMP DATES – July 13- 18, 2025**

 **Location: Carolina Creek Christian Camp**

 84 Wimberly Lane, Huntsville, TX (30 mins from Conroe)

**Keep this information – You will need it later!!!**

**Please be aware:** For the safety of your child and others, they will be required to follow instructions and treat their group leaders with respect at all times. Also, if your child should repeatedly exhibit any unacceptable behavior at camp, such as bullying, name calling, using vulgar language, or physical aggression that can impact their fellow campers’ positive camp experiences, and refuses to stop such behavior, **you WILL be called and REQUIRED to pick him/her up within 2 hours. Parent/Guardian must be available during this week if needed.**

**Application Deadline: May 31, 2025**

**Champions Kids Camp Camper Application**

(Please fill out entire application & print clearly. Use only black or blue ink.)

**Photo is REQUIRED** to be considered, please send with application to address below.

**Camper’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Likes to be called: \_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_St \_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_Male \_\_\_Female \_\_\_ Age (as of 7/13/25) \_\_\_\_ Grade (as of 7/13/25) \_\_\_ Former Camper (circle one) Yes / No (if yes) Years Attended\_\_\_\_

**(please keep in mind what size your child might be at the time of camp in July)**

T-shirt size Child’s small - 6/8 Child’s medium - 10/12 Child’s large - 14/16

Adult Small S Adult Medium M Adult Large L Adult XL Adult XXL Adult XXXL

**(Female Campers)**

Dress size Child’s small - 6/8 Child’s medium - 10/12 Child’s large - 14/16

Adult Small S Adult Medium M Adult Large L Adult XL Adult XXL Adult XXXL

**Mother/Guardian Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child **(Must Fill In)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child **(Must Fill In)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate contact person name (Required)** This person must be eligible to pick up camper if parent is unavailable and the circumstance arises. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child (**Must Fill In)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Therapist’s Name** (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Worker’s Name** (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Print Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is camper the child of an active military, veteran, or first responder?**  **Yes No**

**\*Must Complete this Section\***

Please provide us with a **detailed concise** statement of camper’s serious illness, injury, or trauma. You may use the back of this form if additional space is needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Medications**

**Pharmacy contact number (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_\_**

 Name Description Dosage Purpose

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Vitamins/Food Supplements**

 Name Description Dosage Purpose

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Known Conditions, Allergies, & Previous Surgeries**

 Date Description

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

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**Print Camper’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please identify all that apply (must check yes or no):**

**EMOTIONAL: YES NO MEDICAL: YES NO**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ANGER/PRONE TO FIGHTS |  |  | SEIZURES |  |  |
| PHYSICAL TRAUMA |  |  | NOISE SENSITIVITY |  |  |
| ANXIETY/PANIC ATTACKS |  |  | MEDICATION SIDE EFFECTS |  |  |
| POSTTRAUMATIC STRESS DISORDER (PTSD) |  |  | SELF-HARM/CUTTING ORSUICIDE ATTEMPT |  |  |
| RUNS AWAY WHEN DISTRESSED OR ANGRY |  |  | **PLEASE CIRCLE ANY OF THE FOLLOWING THAT APPLY:** ADD ADHD AUTISM |  |  |
| DEPRESSION |  |  | Has been diagnosed as morbidly obese  |  |  |
| FEAR OF PEOPLE OR OTHER FEARS |  |  | ODD-OPPOSITIONAL DEFIANCE DISORDER |  |  |
| ATTITUDE ISSUES/BAD ATTITUDE |  |  | Sleep Apnea |  |  |

\* If you answered yes to any of the above, please explain and please include any other medical, behavioral or mental health diagnosis or issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any school or legal discipline experiences. Explain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any physical limitations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above information will be helpful to guide your child to enable healing and assure an enjoyable camp experience. **Our goal at Champions Kids Camp is to provide a safe and emotionally healing environment for each child.**

**Signature of Parent or Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date \_\_\_\_\_\_\_\_\_\_\_**

Applications must be completed on-line, emailed to kimnash@championskidscamp.org or mailed to:

**Champions Kids Camp**

 **9711 S. Mason Rd., Ste 125, Box 305**

 **Richmond, TX 77407**