

## PAYMENT WORKSHEET 2024

### FOR EARLY REGISTRATION PRIOR TO JUNE 1<sup>ST</sup>

- Only one of these needs to be submitted per family for the whole summer, KDC and YAS combined
  - KDC Camp entering grades 1-5, YAS Camp entering grades 6-10
- To qualify for the discounted rate payments must be received in **full** prior to June 1<sup>st</sup>.

Camper(s)/Family Name: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Primary Email Address \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5
_____ is attending	July 8-12	July 15-19	July 22-26	July 29-August 2	August 5-9
_____ is attending					
_____ is attending					
_____ is attending					
	\$265	\$265	\$265	\$265	\$265

SUMMER TOTAL = \$ \_\_\_\_\_

#### DISCOUNTS/CHANGES

Discount: Subtract \$10 for each individual week during which a pair of siblings are attending camp	TOTAL SIBLING DISCOUNT = \$-
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ADJUSTED SUMMER TOTAL = \$ \_\_\_\_\_

AMOUNT PAID = \_\_\_\_\_

The number of weeks designated on this sheet should match the selected weeks on the online registration form to be filled out at: [www.westnewbury.org](http://www.westnewbury.org)

**KOINONIA MINISTRIES at WNCC  
PERMISSION/WAIVER FORM**

**Each individual camper needs to submit a separate one of these**

Name of Child: \_\_\_\_\_ Parent/Guardian(s): \_\_\_\_\_

It is my understanding that the Field Trip Details will be sent out one week prior via email. These details will include:

- Departure Time
- Arrival Time
- Destination
- Description of Activity
- Our Means of Transportation
- Any Other Special Information About the Activity or the Day's Schedule

It is my understanding that participating in programs and activities of this Koinonia Ministry and WNCC is a privilege. Prior to participation, I acknowledge there are certain risks associated with the activities including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. There may be other risks inherent in these activities of which I may not be presently aware.

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding the physical and mental demands of the activities discussed in the weekly field trip details. I also expressly assume all risks of the child participating in the activities. I further release Koinonia Ministries and WNCC, its staff, leaders, employees, volunteers, and agents from any claim my child may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability is intended to cover all claims that members of the child's family or estate, heirs, representatives, or assigns may have against Koinonia or WNCC, or its staff, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless Koinonia Ministries and WNCC and its staff, leaders, employees, volunteers, or agents from any and all claims arising from any participation in its activities and programs, or as a result of injury or illness of my child during such activities.

I recognize there may be occasions where the child named above may need First Aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Koinonia Ministries of the WNCC to seek any needed medical attention or treatment for the child named above, including hospitalization, if in the opinion of the agent such need arises and I cannot be reached. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and again, I agree to pay for the medical treatment.

\_\_\_\_\_  
Name of Parent/Legal Guardian Date

\_\_\_\_\_  
Print name of Parent/Legal Guardian

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_

**AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER**

*This only needs to be completed/submitted if the camper is taking regular prescribed medication*

(To be completed by parent/guardian)

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

Camper Diagnosis (at parents discretion): \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Name of Licensed Prescriber: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose given at camp: \_\_\_\_\_

Route of Administration: \_\_\_\_\_

Frequency: \_\_\_\_\_

Date Ordered: \_\_\_\_\_

Duration of Order: \_\_\_\_\_

Quantity Received: \_\_\_\_\_

Expiration date of Medications Received: \_\_\_\_\_

Special Storage Requirements:

Specific Directions (e.g., on empty stomach/with water):

Specific Precautions:

Possible Side Effects/Adverse Reactions:

Other medications (at parents' discretion):

Location where medication administration will occur:

I hereby authorize \_\_\_\_\_ to administer, to my child, \_\_\_\_\_ the medication(s) listed above, in accordance with 105 CMR 430.160.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_