

2009 Camp Registration Form

*The Registration Form, Camper Health Form and Permission Form
MUST be completed and SIGNED by camper and parent/guardian. **All four pages must be submitted for registration.**
Complete and accurate information allows the regional and camp staff to serve you better.*

Camp Registering For:

Date of Registration _____

- Grade School (3-5 grades) August 16-20 Middle School (6-8 grades) August 9-14 High School (9-12 grades) August 2-8

Based on the grade completed in the spring of 2009

Name _____ Phone _____

Address _____ Birth Date _____

City, ZIP _____ Male Female

Parent Email _____ School Grade Just Completed _____

Congregation _____

Mother/Guardian Name _____

Father/Guardian Name _____

Mother/Guardian Address _____ City _____ ST _____ Zip _____

Father/Guardian Address _____ City _____ ST _____ Zip _____

Mother/Guardian Home Ph. _____ Work Ph. _____ Cell _____

Father/Guardian Home Ph. _____ Work Ph. _____ Cell _____

Emergency Contact _____ Relationship to Camper _____

Home Ph. _____ Work Ph. _____ Cell _____

(over)

Youth Health Form

A youth MAY NOT ATTEND camp without this form completed.

Camp Registering For:

- Grade School Middle School High School

Name _____ Male Female

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Insurance Company _____

Policy Number _____

Name of Policy Holder _____

Allergies:

- Asthma Hay Fever Ivy/Oak/Sumac Poisoning Bee/Wasp Stings
 Penicillin Other Drugs (please list) _____
 Food _____
 Other _____

Immunizations: *(Give dates or indicate they are current)*

_____ Measles _____ Mumps _____ Rubella _____ Polio _____ Tetanus Toxoid
(date is necessary)

Medical History:

- Diabetes Mononucleosis Ear Infections Heart Murmur Frequent Colds
 Rheumatic Fever Kidney Disease Strep Throat Fainting Frequent Sore Throats
 Tonsillitis Bronchitis Sinusitis Epilepsy Eating Disorders
 Stomach Upsets Kidney Trouble Heart Trouble
 Other _____

Other Information:

- Attention Deficit Disorder Hyperactivity Bed Wetting Sleep Walking
 Motion Sickness Athlete's Foot Constipation Contacts
 Learning Disability (explain) Glasses Particular Fears (explain)
 Other (please give information)

(over)

Youth Health Form, Cont.

Medications

Medication & dosage taken during camp, including over-the-counter, non-prescription drugs:

ALL medications (prescription & over-the-counter) must be turned into the director at the beginning of camp.

Medication _____ Dosage _____ Time of Day _____

Medication _____ Dosage _____ Time of Day _____

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Medication _____ Dosage _____ Time of Day _____

Medication _____ Dosage _____ Time of Day _____

My child has permission to be given acetaminophen or ibuprofen in the case of minor injury or headache:

Yes

No

Initials _____

THIS MUST BE INITIALED

Additional Questions *(Please provide additional information to any question answered yes)*

1. Are you currently under the care of a physician or counselor? Yes No

2. Are there any life circumstances or behavioral issues involving you that may be helpful to know? Yes No

3. Are there any specific activities in which participation should be encouraged? Yes No

4. Are there any specific activities in which participation should be discouraged? Yes No

5. Do you have any special dietary needs and/or restrictions? Yes No

6. Is there any other information that would be helpful for the director to know? Yes No
(please use space on back if necessary)

Parent/Guardian
Signature _____

Date _____

(over)

Permission Form

Parent Permission

I give permission for (*youth's full name*) _____ to attend this event and to participate in all the scheduled activities of the camp which may be on or off the event site. Recognizing that the staff of this event will do everything possible to provide for the safety and supervision of the attendees, I release the volunteers and paid staff of the Christian Church (Disciples of Christ) in Oregon from liability regarding any incident which may arise during this event. In the event of an emergency, I give the leaders and staff permission to obtain whatever medical attention is necessary (including anesthesia and medical transport) for the health and well-being of my child.

Signature _____

Date _____

Camper Agreement

I agree to participate fully in the planned activities of camp, to cooperate with the directors, counselors and participants and to attend the entire camp. I understand that the directors and counselors are obligated to report possession of illegal drugs of any kind and that possession of alcohol, drugs or tobacco will be dealt with firmly. If I do not abide by the guidelines established, I understand that I may be sent home at my parent's expense. I also understand that if I drive a vehicle to camp, the car keys will be held by the director until the end of camp.

Signature _____

Date _____

Pastor/Youth Minister/Youth Sponsor Agreement

I endorse this youth as being able to participate in camp and will serve as the point of contact in our congregation should any emergency arise during the week of camp.

Signature _____ date _____

Phone number _____ email _____

Refund Policy: One-week notice of cancellation will receive a full refund.

Four-day notice of cancellation will receive half refund.

No notice will receive no refund.

Deadlines: Camp registrations due June 30 for discount fee and July 17 for full fee.

Scholarships: Contact the Regional Office for information on availability.

Mail completed registration and health form (both sides) to:

Christian Church (Disciples of Christ) in Oregon
0245 SW Bancroft, Suite F, Portland, Oregon 97239
Phone (503) 226-7648 • Fax (503) 226-0598
Email: odmail@oregondisciples.org