

2012 OREGON CARAVAN REGISTRATION FORM

Caravan Huddle and Trip Dates:

- January 14-15, Roseburg
- February 18-19, Salem
- March 10-11, Rogue Valley
- April 14-15, Eugene (Auction April 14)
- May 19-20, Bend/Redmond
- June 16-24, Caravan Trip: Eastern WA and Northern ID, ending at Remote June 24

Directors:

Troy and Jody Barnhart
 977 S. 44th Street
 Springfield, OR 97478
 541-747-6728 / 541-914-2114 / 541-913-7168
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Cost: \$260 Early Bird Fee (if paid in full by Jan. 14-first huddle) or **\$300 Registration Fee** (\$60 due at each of first 5 huddles). Cost of huddles is \$25 each if you would like to attend huddles but are unable to make the Caravan trip.

To Register:

If camper has special needs, you must contact Director(s) prior to registration.

1. Complete this registration form in full on **both sides** and mail to Directors (address above) or bring to the first huddle, along with \$260 Early Bird Fee or \$60 payment on Registration Fee. Make checks payable to "**Community of Christ.**"
2. Attach a copy of your health insurance card with this registration form, for use in medical emergencies.
3. Must have signed Code of Conduct Form (available at first huddle).

PARTICIPANT AND CONTACT INFORMATION

Name:		Age:	Grade:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth:		Phone:	Email:	
Address:		City:	State/Province:	Zip:
Name of Custodial Parent or Legal Guardian:		Name of Additional Parent, Legal Guardian or Next of Kin:		
Work or Cell Phone:		Work or Cell Phone:		
Email:		Email:		

EMERGENCY NOTIFICATION: These persons will be contacted if parents/guardians are not available.

Name 1:		Address:		
City:	State/Province:	Zip:	Relationship:	
Phone:		Email:		
Name 2:		Address:		
City:	State/Province:	Zip:	Relationship:	
Phone:		Email:		

CONSENT AND RELEASE

Photo Release: In consideration of the right of the aforementioned applicant to participate in this activity, I hereby give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I hereby waive all right of privacy in and to any said pictures or videotapes.

X Parent/Guardian Signature: _____ **Date:** _____

Activity Consent: I specifically consent to my applicant's participation in activities offered by this event, including, but not limited to, camping, boating, canoeing, swimming, hiking, body surfing and sporting activities. I have **marked through** any items from the preceding list to which I do not give consent for participation. I certify that my applicant has the necessary skills to participate in any of the approved activities. (If boating is approved, the participant can swim.) **I specifically DO NOT want my applicant to participate in the following activities:**

X Parent/Guardian Signature: _____ **Date:** _____

Transportation Consent: We understand that some activities involved in by this event may require travel to other locations. All transportation during this event will be provided by event staff or people designated by them. All drivers of vehicles will be appropriately licensed and over the age of 21. We understand that most transportation will be done in privately owned vehicles that are in good condition and considered safe.

X Parent/Guardian Signature: _____ **Date:** _____

Liability Release: The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by Greater Pacific NW Mission Center, Community of Christ for participation in this event, we (I) being 21 years of age or older, do for ourselves (myself) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release forever, discharge, and agree to hold harmless the aforementioned event and Community of Christ and the directors thereof from any and all liability, claims, or damage for personal injury, illness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in this event. Furthermore, we (I) (and on behalf of our [my] child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreating and work activities involved therein. Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food, lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

X Parent/Guardian Signature: _____ **Date:** _____

Participant Name:	Date of Birth:	Parent Phone:
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MEDICAL INSURANCE INFORMATION

Personal physician:	Phone number:	
Office Address:		
Hospital/clinic of choice:		
Health Insurance Provider:	Health Insurance Provider Phone:	
Policy Holder's Name:	Policy #:	Group #:

HEALTH INFORMATION

Note: If camper has special needs, you must contact Director(s) prior to registration.

Allergies - environmental, food or medicine (If none, please so state):

Is participant currently under a physician's care for any acute or chronic medical condition? Yes No
 If yes, please explain:

Does participant require prescription medications? (Include dosage instructions and any other helpful information.):

Does participant carry non-prescription medication? (Please list medication(s) and purpose.):

Are there any medications that should not be given? (Tylenol, throat lozenge, laxative, etc.):

Please note: Any medications, prescription or non-prescription, must be in their original container.

Has applicant recently been exposed to a contagious disease? Yes No
 If yes, please explain:

Describe recent or major illnesses, injuries, surgeries, or exposure to contagious or infections disease (please include dates):

Does participant have any history of, or is he/she currently being treated for, the following:

<input type="checkbox"/> Anemia	<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Digestive disorder	<input type="checkbox"/> Epilepsy/seizures	<input type="checkbox"/> Fainting	<input type="checkbox"/> Fractures	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Hernia
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> HIV	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Kidney trouble	<input type="checkbox"/> Low blood pressure	<input type="checkbox"/> Nervous disorder	
<input type="checkbox"/> Skin disease	<input type="checkbox"/> Skin ulcer	<input type="checkbox"/> Sore throats	<input type="checkbox"/> Tonsillitis			

Other: _____
 If yes to any of the above, please explain:

Please check any of the following conditions that apply to the participant:

<input type="checkbox"/> Cramps	<input type="checkbox"/> Toothaches	<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Stomachaches	<input type="checkbox"/> Earaches	<input type="checkbox"/> Swimmer's ear
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Vision problems	<input type="checkbox"/> Constipation	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	

Homesickness Headaches Sleepwalking
 Recent emotional upset (death of loved one, divorce of parents, etc.); please explain:

Please describe any other medical, emotional, psychological, dietary or physical condition that could affect the applicant's experience at the event:

Please list participant's immunization dates for the following (or attach a copy of immunization record):

DPT: _____ Booster Diphtheria: _____ Booster tetanus: _____
 Typhoid: _____ Tuberculin: _____ Measles: _____
 Mumps: _____ Polio: _____ Other: _____

Permission for Medical Treatment: I, the undersigned (parent or legal guardian), hereby authorize any necessary medical treatment for the applicant/myself. I also guarantee all payment of all charges incurred during this medical treatment.

X Parent/Guardian Signature: _____ **Date:** _____