

# YOUTH CAMP AND RETREAT REGISTRATION FORM

1. Register and pay online at [www.cofchrist-gpnw.org/camp](http://www.cofchrist-gpnw.org/camp), or complete this form in full on both sides and mail to:  
Attn: (name of camp), Community of Christ, 10013 NE Hazel Dell Ave #249, Vancouver WA 98685-5203
2. Please include either the Early Bird Fee or full Registration Fee; refer to Youth Camp flyer for amounts and deadlines. Make separate checks for separate camps, payable to "Community of Christ."
  - I plan to use the Two-for-One deal. Friend's name: \_\_\_\_\_ (To qualify, friend never attended a Community of Christ camp.)
  - My congregation is helping to pay for part, or all, of my registration fee. (Attach Financial Assistance Form.)
  - I am applying for mission center financial assistance. Amount: \_\_\_\_\_ (Attach Financial Assistance Form.)

## CAMP SELECTION

- |                |  |                                       |  |  |
|----------------|--|---------------------------------------|--|--|
| CAMP REMOTE:   | <input type="checkbox"/> KIDS CAMP                                     | <input type="checkbox"/> JR HIGH CAMP | <input type="checkbox"/> SR HIGH CAMP  |  |
| LEWIS RIVER:   | <input type="checkbox"/> CAMP ZARAHEMLA                                | <input type="checkbox"/> JR HIGH BOYS | <input type="checkbox"/> JR HIGH GIRLS | <input type="checkbox"/> WINTER SR. HIGH RETREAT |
| SAMISH ISLAND: | <input type="checkbox"/> GENESIS                                       | <input type="checkbox"/> MUNGAI       | <input type="checkbox"/> KLUANE        | <input type="checkbox"/> CHIMACUM                |
| OTHER:         | <input type="checkbox"/> Name/Date/Location of retreat/activity: _____ |                                       |  |  |

## CAMPER AND CONTACT INFORMATION

Name:	Age:	<input type="checkbox"/> High school graduate <i>or</i>	<input type="checkbox"/> Entering Grade: _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Date of Birth:	Camper's Phone:	Camper's Email:			
Address:	City:	State/Province:	Zip:		
Roommate Preference:					
Religious Affiliation:			Home Church:		
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:		
Parent Email:			Parent Email:		

I hereby give permission for the following people, other than parents/guardians listed above, to pick up camper (please list):

## 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.

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

**Activity Consent:** I specifically consent to my applicant's participation in activities offered by this camp, 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 camper can swim.) I specifically **DO NOT** want my applicant to participate in the following activities:

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

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

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 camp 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.

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

Camper Name:	Date of Birth:	Parent Phone:
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**CAMPER COVENANT**

I, \_\_\_\_\_, hereby agree:  
*(print name of camper)*

1. To turn in my completed and signed registration form;
2. To spend the whole week at camp without interruption unless special circumstances arise and are approved by director and/or my parent/guardians;
3. To live by the rules, schedules and purposes of the camp program;
4. To live by the health, safety and property care rules of the Community of Christ Camp I attend;
5. To leave all electronics and electronic media at home;
6. To not possess or use tobacco products, alcohol, or illegal drugs at camp;
7. To be courteous and respectful of the person and property of others;
8. To not use foul language or derogatory remarks;
9. To dress in an appropriate way that maintains my personal dignity and the dignity of others;
10. To do my best to be a good camper and give my best to make the camp a positive experience for all campers and staff.

**X** Signature of Camper:

Date:

**HEALTH INFORMATION**

General health condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Date of last tetanus vaccination:
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Is camper currently under a physician's care for any acute or chronic medical condition?    Yes    No  
 If yes, please explain:

Personal physician:	Phone number:
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Hospital/clinic of choice:

Health Insurance Provider:	Health Insurance Provider Phone:
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Policy Holder's Name:	Policy #:	Group #:
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Does camper require prescription medications? (Include dosage instructions and any other helpful information.):

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

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

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

Special Dietary Restrictions (if none, please so state):

Camp Activity Restrictions:    None    Strenuous activities    Swimming    Other (describe):

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

Girls: Has menstruation begun?    Yes    No    If no, has she been told about it?    Yes    No

Does camper 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 camper:

<input type="checkbox"/> Cramps	<input type="checkbox"/> Toothaches	<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Homesickness	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Vision problems	<input type="checkbox"/> Constipation	<input type="checkbox"/> Stomachaches	<input type="checkbox"/> Earaches	<input type="checkbox"/> Swimmer's ear
<input type="checkbox"/> Recent emotional upset (death of loved one, divorce of parents, etc.); please explain:				<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	

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

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: