

2019 GPNW CARAVAN REGISTRATION FORM

2019 Schedule and Payments:

Total cost is \$375, payable in 5 installments of \$75.

2019 Date	Location	Amount
Jan. 19-20	Southridge Huddle	\$75
Feb. 2-3	Salem Huddle	\$75
March 9 March 10	Eugene Auction & Albany Huddle	\$75
April 27-28	Auburn Auction and Huddle	\$75
June 1-2	Bend Huddle	\$75
June 21-30	Trip to Southern California	=\$375 Total

Directors:

Troy and Jody Barnhart
 977 S. 44th Street
 Springfield, OR 97478
 541-747-6728 (home)
 541-914-2114 (Jody's cell)
 541-913-7168 (Troy's cell)
caravan@cofchrist-gpnw.org

PARTICIPANT INFORMATION			
Name:		Date of birth:	Grade: <input type="checkbox"/> Male <input type="checkbox"/> Female
Camper's home phone:		Camper's cell phone:	Camper's email:
Address:		City:	State/Province: Zip:
PARENT/LEGAL GUARDIAN CONTACT INFORMATION			
Name of parent/guardian 1:		Name of parent/guardian 2:	
Work phone:	Cell phone:	Work phone:	Cell phone:
Parent 1 email:		Parent 2 email:	
EMERGENCY INFORMATION (These persons will be contacted if parents/guardians are not available.)			
Name 1:		Relationship 1:	
Phone 1:		Email 1:	
Name 2:		Relationship 2:	
Phone 2:		Email 2:	
MEDICAL INFORMATION (Confidential: Directors, destroy all medical information after the close of camp.)			
Is camper allergic to any foods, latex, medications, etc.? If yes, please explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is camper currently under a physician's care for any acute or chronic medical condition? If yes, please explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is camper currently taking any medications? If yes, please list (include dosage instructions or attach a list with this form):			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does camper have any physical, emotional, medical, or psychological conditions or restrictions? If yes, please list (or attach additional information):			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has camper had any recent/major emotional upset, illness, injury, surgery, or exposure to contagious disease? If yes, please describe (include dates or attach additional information):			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please check any of the following that apply to camper:		<input type="checkbox"/> Homesickness	<input type="checkbox"/> Bed Wetting
		<input type="checkbox"/> Sleepwalking	
Does camper have any special dietary requirements?		<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian
		<input type="checkbox"/> Gluten-free	<input type="checkbox"/> Dairy-free
Personal physician:		Physician's phone:	
Health insurance provider:		Health insurance provider phone:	
Policy holder's name:		Policy #:	Group #:
Please list participant's immunization dates for the following (or attach a copy of immunization record):			
Hepatitis B: _____		DTaP/Tdap: _____	
		IPV (Polio): _____	
MMR: _____		Varicella (Chickenpox): _____	
		Other: _____	

Participant Name:	Date of Birth:	Parent Phone:
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CONSENT AND RELEASE

Consent to Medical Treatment

I give permission to Community of Christ to transport my camper to a physician or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I will assume the responsibility for payment of all expenses and bills resulting from medical treatment. In an emergency, the information contained in this document may be released to qualified medical personnel. Community of Christ personnel may administer prescription medication as needed during the Event.

Consent to Participate in Event Activities

I specifically consent to my camper's participation in activities offered by this camp, including, but not limited to, camping, boating, canoeing, swimming, hiking, body surfing and sporting activities. I certify that my camper 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 camper to participate in the following activities:**

Transportation Consent

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

Waiver and Release of Liability

I acknowledge that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for my camper being accepted for participation in this event, I hereby release forever, discharge, and agree to hold harmless Community of Christ, the camp, 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 while my camper is participating in this event. Furthermore, I 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 my camper. I further agree 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 my camper, including expenses incurred attendant thereto.

Photo Release

I hereby give consent to and authorize the taking of photographic, audio or video recordings in which my camper may appear and hereby waive all right of privacy in and to any of said pictures or tapes and authorize the use of the recordings by Community of Christ for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

STATEMENT OF CONSENT AND RELEASE

I, the undersigned, and on behalf of my camper listed on this form, verify that the rules, guidelines, and releases specified on this form have been read, understood, and consented to. I, the undersigned, verify that I/we understand that not following the printed or announced rules and reminders of camp may result in my camper being asked to leave the camp experience.

X Parent/Guardian Signature:	Date:
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