

Camp Camrec Summer Camp 2012 Registration Form

Camper's Name: _____

Gender: Male Female Birth Date: ____/____/____ Entering Grade: _____

Mother: _____ Father: _____

| | Address(es) | City/State/Zip | Parent (Mother/Father/Both) |
|---|-------------|----------------|-----------------------------|
| 1 | | | |
| 2 | | | |

| | Phone Number(s) | Type (Home/Office/Cell) | Hours (Day /Evening) | Parent (Mother/Father/Both) |
|---|-----------------|-------------------------|----------------------|-----------------------------|
| 1 | () - | | | |
| 2 | () - | | | |
| 3 | () - | | | |
| 4 | () - | | | |

E-mail Address(es): _____

T-Shirt (optional): Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Which Camp?

| Check One | Camp | Entering Grades | Dates | Camper & Guest Fees | |
|-----------|---------------------|-----------------|--------------|------------------------|-----------------|
| | | | | Paid on or before 6/01 | Paid after 6/01 |
| | Pre-Junior | 1 – 3 | July 27 – 29 | \$45 | \$50 |
| | Junior | 4 – 6 | July 17 – 21 | \$110 | \$115 |
| | Jr. High / Sr. High | 7 – 12 | July 9 – 14 | \$125 | \$130 |

Please list each additional guest who will be joining us at camp.

| Guest Name | Relationship to Camper | Age Group (check one) | | | T-Shirt Size (optional) |
|------------|------------------------|-----------------------|----------------|--------------|-------------------------|
| | | Child (<= 6) | Youth (7 - 17) | Adult (18 +) | |
| | | | | | |
| | | | | | |
| | | | | | |

Cabin Assignment: You are assigned a cabin before you arrive. You may request to be with a friend, but they must request you as a cabin-mate, also. We will do our best to keep you together, but we cannot guarantee it.

Cabin-Mate: (1st choice) _____ (2nd choice) _____

PARENT'S AUTHORIZATION 1—ASSUMPTION OF RISK: I am the custodial parent or guardian of the camper named above and assume, for myself and the camper, the risks, including the risk of illness, injury, death and damage to property, inherent in the activities associated with camping including, but not limited to tubing and other snow sports; swimming, floating, and other water sports; climbing, hiking, and other mountain sports; and other exposure to the conditions of nature in a rural, mountain environment. I agree on behalf of myself and the camper named above to release, hold harmless, and indemnify Washington Mennonite Fellowship/Camp Camrec and its caretakers, staff, and/or agents from any damages, claims, liabilities, and injuries relating to the camper's participation in any Camp Camrec activities, all of which have my permission except as follows. No permission is granted for participation in the following activities: _____

SIGNATURE: _____ DATE: _____

Is there anyone who has a restraining order against this camper and cannot come near the child?
 YES NO If YES, please explain.

PLEASE COMPLETE HEALTH HISTORY ON SECOND PAGE

Camper's Name: _____
 Family Physician: _____ Physician Phone: _____
 Name of Health Insurance Plan: _____ Member #: _____
 Emergency Contact: _____ Alternate Emergency Contact: _____

Medical Information

Health History

- Diabetes
- Asthma
- Epilepsy
- Heart defects/disease
- Recent surgery
- Bleeding disorder

Allergies

To medications: _____
 To foods: _____
 To insect stings: _____
Date of last booster
 Tetanus _____ MMR _____ Chicken pox _____

Is there any other information about the camper that you want the director/counselor to know about, such as:

Sleepwalking _____ Behavior concerns _____ Bedwetting _____ Depression _____
 Other (please explain) _____

Special diet requirements: _____

Current medications and instructions: _____

Additional instructions for the camp counselor/director: _____

PARENT'S AUTHORIZATION 2—HEALTH: This health history is correct so far as I know. I agree to hold harmless and indemnify Washington Mennonite Fellowship/Camp Camrec and its camp caretakers, staff, and/or agents from any damages, claims, liabilities, or injury suffered by the camper named above at or involved with Camp Camrec, including but not limited to those arising from the rendering of first aid or medical treatment. I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of the camper named above, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for this camper. This form may be photocopied for use out of camp.

SIGNATURE: _____ DATE: _____

PARENT'S AUTHORIZATION 3—PUBLICITY: I hereby grant to Camp Camrec and to its agents the right to photograph the camper named above and use the photo and or other digital reproduction of him/her for publication processes, whether electronic, print, digital or electronic publishing via the Internet. YES NO
 I certify that I am a custodial parent or guardian and have the aforementioned rights to assign.

SIGNATURE: _____ DATE: _____

Bring a Friend Discount Qualifications:

- I am bringing my friend _____ who will be attending a Camp Camrec youth program for the first time.
- My friend is not affiliated with a Mennonite church.

Fees:

\$ _____ Camper Fee
 Plus \$ _____ \$5 for each Camp Camrec shirt
 Plus \$ _____ Guest fee(s) for each non-staff youth and adult
 Less \$ _____ Bring a Friend Discount. Enter \$5 if you meet all qualifications.
 Total \$ _____

See your church office for scholarship information.

Please return registration form **WITH PAYMENT** by JUNE 22, 2012. Registrations received after that date will be placed as space is available. Registration fee is non-refundable after July 1st.

Please make check payable to: Camp Camrec
 Mail to: Camp Camrec, 18899 Little Chumstick Creek Rd, Leavenworth, WA 98826