

CAMREC Snow Camp Registration Form

PARENT'S SIGNATURE IS REQUIRED ON FRONT AND BACK OF THE FORM

Camper's Name: _____

Gender: Male Female Birth Date: ___/___/___ 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): _____

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, tobogganing, tubing, sledding, 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:

Behavior concerns _____ 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: _____

Please return registration form **WITH PAYMENT** by December 11, 2011.

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