

Camp Camrec Camper Registration Form

Please complete this form in either **black or blue ink only** (i.e. no pencils, red pens, etc.)

Camper's Name: _____ Birth Date: ____/____/____

Gender: Male Female

Completed Grade: _____

T-Shirt Size (optional): YS YM YL S M L XL XXL XXXL

Ref #	Name of Parent(s) and/or Guardian(s)	Street Address	City/State/Zip	Relationship (e.g. mother, father)
1				
2				
3				
4				

Ref #	Phone Numbers	Phone Type (home, work, cell)
	() -	
	() -	
	() -	
	() -	

Ref #	Email Addresses

Check One	Camp	Currently in Grades	Dates	Fees
	Sr. High Snow Camp	9-12	Dec 30 - Jan 1	\$85

For Pre-Junior Camp only, list each additional guest who will be joining us at Camrec

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) _____

PARENTS' AND GUARDIANS' AUTHORIZATIONS

I am a custodial parent or guardian of the camper named above and have the right to provide the following authorizations to Camp Camrec on behalf of myself, the camper named above, and the camper's other parents and/or guardians in recognition of Camp Camrec's making its facilities and programs available to the camper.

1 – ASSUMPTION OF RISK AND RELEASE: I assume for each person identified above 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, sledding, tobogganing, and other snow sports; swimming, floating, whitewater rafting, and other water sports; climbing, hiking, and other mountain sports; ropes and challenge courses, climbing walls, and other camp games and activities; and other exposure to the conditions of nature in a rural, mountain environment. To the full extent permitted by Washington law, on behalf of each person identified above, I agree to release and hold harmless Washington Mennonite Fellowship/Camp Camrec and its caretakers, staff, officers, directors, and agents from any damages, claims, liabilities, and injuries relating to the camper's use of camp dining, sleeping, and other social facilities or participation in any Camp Camrec activities (including transportation to off-site camp activities), all of which have my permission except as follows.

No permission is granted for participation in the following activities: _____.

I also hereby grant to Washington Mennonite Fellowship/Camp Camrec and to its agents the right to photograph the camper named above and use the photos and/or other digital reproduction of him/her for publication purposes, whether electronic, print, digital, or electronic publishing via the Internet without compensation or approval rights.

SIGNATURE: _____ DATE: _____

Medical Information

Camper's Name: _____

Physician: _____ Physician Phone: _____

Name of Health Insurance Plan: _____ Member #: _____ Group #: _____

Emergency Contact: _____ Alternate Emergency Contact: _____

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 _____

Does your camper have any of the following allergies?

- Nut (please specify) _____
- Egg

We will make every effort to be sure your child is not exposed to these allergens. Due to the small size of our camp, we cannot provide options for intolerances (i.e. lactose intolerance, gluten sensitivity, etc.). However, if you would like to send foods for your camper to accommodate intolerances, we would be glad to serve them for him/her.

Please explain any special diet requirements: _____

Current medications and instructions: _____

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) _____

2 – MEDICAL HISTORY AND CARE: The health history provided on this form is correct so far as I know. To the full extent permitted by Washington law, on behalf of each person identified on the previous page, I agree to release and hold harmless Washington Mennonite Fellowship/Camp Camrec and its caretakers, staff, officers, directors, and agents from any damages, claims, liabilities, or injury suffered by the camper named above arising from the rendering of first aid or medical treatment. I hereby give permission to the appropriate licensed health care provider(s) selected by camp staff or their designees 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 such provider(s) to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for this camper. I hereby give permission to the camp program director, camp medical staff, and/or their designees to dispense to the camper the prescription and over-the-counter medications that I provide to such staff upon the camper's arrival, so long as all such medications are in their original containers and all prescription medications are labeled with camper's name and health care provider's ordered dose on the bottle, and to dispense other over-the-counter medications to the camper if indicated by minor injuries, pain, or discomfort. This form may be photocopied for use out of camp.

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.

Bring a Friend Discount Qualifications:

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

Fees:

\$ _____ Camper Fee
 Plus \$ _____ Donation towards sponsoring another camper
 Less \$ _____ Bring a Friend Discount. Enter \$10 if you meet all qualifications.
 Less \$ _____ Early Bird Discount. Enter \$10 if you register before December 1, 2016.
 Total \$ _____

Contact Camp Camrec or your church office for scholarship information.

Please return this form **WITH PAYMENT**. Please make check payable to Camp Camrec.

Registration deadline is December 17, 2017. Registration fee is non-refundable after December 18, 2017.

Mail to: Camp Camrec, 18899 Little Chumstick Creek Rd, Leavenworth, WA 98826