

CAMPER REGISTRATION 2017

Return completed form to the CAMP COORDINATOR at your church.

FOR CHURCH USE ONLY

Church / City Sunnyside Foursquare Church/Clackamas, OR

KIDS CAMP

July 13-16

CAMPER REGISTRATION

Last Name _____ First Name _____ Middle Name _____

Birth Date _____ Male Female Grade in Fall 2017 _____ T-Shirt Size _____ Youth Sizes Available for Kids Camp

Cabin Partner Request _____

PARENT GUARDIAN INFORMATION

Name _____ Relationship _____

Address _____ City/State _____ ZIP _____

Phone _____ Alternate Phone _____

Email _____

HEALTH INFORMATION

Physician _____ Physician Phone _____

Last Tetanus _____ Insurance Provider _____

Policy Number _____ Group Identification _____

Medical Concerns or Known Allergies _____

Current Prescribed Medications _____

NOTE: Campers must turn in both prescription and non-prescription medications to the camp nurse upon arrival. **Medications must be in their original containers with the prescription dosage on the original label, unless changed in writing by the physician.** Many over-the-counter medications are stocked at camp and can be dispensed by the nurse as needed.

Emergency Contact Name _____ Relationship _____

Primary Phone _____ Alternate Phone _____

PARENTAL RELEASE

As parent or legal guardian, I give the above-named student my permission to attend a session of summer camp sponsored by the North Pacific District. In the event of illness or injury, I authorize the camp staff to provide emergency care by the camp nurse, local emergency personnel or hospital, in case I cannot be reached for approval. I understand that the activity insurance of the attending church is secondary to my own primary coverage, for which I am responsible. I verify that all immunizations are current, and the above information is accurate and complete. I agree to notify the North Pacific District of any changes to this information prior to the camp session. I understand that \$50 of the camper registration deposit is non-refundable and non-transferable, should I cancel less than two weeks prior to the camp session. **I understand that the camp cannot prepare special meals for the campers and recognize it is my responsibility to send meals and snacks in the event that my child has severe food allergies that would prohibit them from eating camp food.** Photo and video will be taken throughout the camp session as part of the program, and I release any media to be used for promotional purposes only. Participation in North Pacific District camps is the same for everyone regardless of gender, race, color, or national origin.

PARENT/GUARDIAN SIGNATURE (required)

Date _____