



2018 Camp Registration Form

The Registration Form, Camper Health Form and Permission Form **MUST** be completed and **SIGNED** by camper and parent/guardian. **All four pages must be submitted for registration.** Complete and accurate information allows the regional and camp staff to serve you better. Prices reflect full price and early registration discount prices.

Camp Registering For:

Date of Registration _____

Suttle Lake Camp, Sisters, Oregon

Grade School (3-5 grades)

Middle School (6-8 grades)

High School (9-12 grades)

July 30-August 3 (\$375/\$365)

July 30-August 3 (\$375/\$365)

July 25-29 (\$375/\$365)

The lower price is an early registration discount from the full price.

Deadline for lower rates is: July 1

Full price deadline for registration is July 15.

Name _____

Phone _____

Address _____

Birth Date _____

City, ZIP _____

Male Female

Parent Email _____

School Grade Just Completed _____

Congregation _____

Parent 1/Guardian Name _____

Parent 2/Guardian Name _____

Parent 1/Guardian

Address _____ City _____ ST _____ Zip _____

Parent 2/Guardian

Address _____ City _____ ST _____ Zip _____

Parent 1/Guardian Home Ph. _____ Work Ph. _____ Cell _____

Parent 2/Guardian Home Ph. _____ Work Ph. _____ Cell _____

Emergency Contact _____ Relationship to Camper _____

Home Ph. _____ Work Ph. _____ Cell _____

Tee Shirt Size

CIRCLE ONE SIZE BELOW

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult X Large

Adult XX Large

(over)

Youth Health Form

Name of camper _____

A youth MAY NOT ATTEND camp without this form completed.

Camp Registering For:

Grade School Middle School High School

Age the camper will be during camp _____ Year of school completed summer 2018 _____

Name _____ Male Female

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Insurance Company _____

Policy Number _____

Name of Policy Holder _____

Allergies:

Hay Fever Ivy/Oak/Sumac Poisoning Bee/Wasp Stings

Penicillin Other Drugs (please list) _____

Food _____

Other _____

What are items/events that trigger reactions _____

(add additional paper as needed to explain these triggers, so that we can be ready for your child)

Immunizations: (Give dates or indicate they are current)

_____ Measles _____ Mumps _____ Rubella _____ Polio _____ Tetanus Toxoid

_____ My child has not been given immunizations (dates are necessary on this listing)

Medical History:

Diabetes Asthma Ear Infections Heart Murmur Frequent Colds

Rheumatic Fever Kidney Disease Strep Throat Fainting Frequent Sore Throats

Tonsillitis Bronchitis Sinusitis Epilepsy Eating Disorders

Stomach Upsets Kidney Trouble Heart Trouble Seizures ADD/ADHD

Other _____

Other Information:

Attention Deficit Disorder Hyperactivity Bed Wetting Sleep Walking

Motion Sickness Athlete's Foot Constipation Contacts

Learning Disability (explain) Glasses Particular Fears Sleep Apnea/Snoring

Other (please give information)

(over)

Youth Health Form

Name of Camper _____

Medications

Medication & dosage taken during camp, including over-the-counter, non-prescription drugs:
ALL medications (prescription & over-the-counter) must be turned into the director at the beginning of camp.

Medication _____ Dosage _____ Time of Day _____

Medication _____ Dosage _____ Time of Day _____

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Medication _____ Dosage _____ Time of Day _____

Medication _____ Dosage _____ Time of Day _____

My child has permission to be given acetaminophen, ibuprofen, or an antihistamine in the case of minor injury, headache, insect bite, or rash.

Yes

No

Initials _____

THIS MUST BE INITIALED

Additional Questions *(Please provide additional information to any question answered yes)*

1. Are you currently under the care of a physician or counselor? Yes No

2. Are there any life circumstances or behavioral issues involving you that may be helpful to know? Yes No

3. Are there any specific activities in which participation should be encouraged? Yes No

4. Are there any specific activities in which participation should be discouraged? Yes No

5. Do you have any special dietary needs and/or restrictions? Yes No

6. Is there any other information that would be helpful for the director to know?
(please send separate sheet with concerns attached to registration form) Yes No

Parent/Guardian
Signature _____

Date _____

(over)

Permission Form

Parent Permission

I give permission for (youth's full name) _____ to attend this event and to participate in all the scheduled activities of the camp which may be on or off the event site. Recognizing that the staff of this event will do everything possible to provide for the safety and supervision of the attendees, I release the volunteers and paid staff of the Christian Church (Disciples of Christ) in Oregon and SW Idaho from liability regarding any incident which may arise during this event. In the event of an emergency, I give the leaders and staff permission to obtain whatever medical attention is necessary (including anesthesia and medical transport) for the health and well-being of my child.

Signature _____
Date _____

Camper Agreement

I agree to participate fully in the planned activities of camp, to cooperate with the directors, counselors and participants and to attend the entire camp. I understand that the directors and counselors are obligated to report possession of illegal drugs of any kind and that possession of alcohol, drugs or tobacco will be dealt with firmly. I understand that all electronic devices will be turned into the camp staff at check in and returned to me when camp is complete. If I do not abide by the guidelines established, I understand that I may be sent home at my parent's expense. I also understand that if I drive a vehicle to camp, the car keys will be held by the director until the end of camp.

Signature _____
Date _____

Pastor/Youth Minister/Youth Sponsor Agreement

I endorse this youth as being able to participate in camp and will serve as the point of contact in our congregation should any emergency arise during the week of camp.

Signature _____ date _____
Phone number _____ email _____

Refund Policy: One-week notice of cancellation will receive a full refund.
Four-day notice of cancellation will receive half refund.
No notice will receive no refund.

Deadlines: Listed on Page one top of this form

Scholarships: Contact the Regional Office for information on availability.

Checks to be written to: Christian Church in OR & SW ID

Mail completed registration and health form (both sides) to:



Christian Church in Oregon and SW Idaho
0245 SW Bancroft St. Suite F, Portland, OR 97239
Phone (503) 226-7648 Email: office.oidisciples@gmail.org

