

Camper Registration Form

Return completed form and a \$50 deposit to the Camp Coordinator at your church.

Please indicate the camp you are registering for:

KIDS CAMP	HIGH SCHOOL	MIDDLE SCHOOL
<input type="checkbox"/> ER1 June 28 - 1	<input type="checkbox"/> HR 1 July 15 - 19	<input type="checkbox"/> MR 1 August 1 - 5
<input type="checkbox"/> ER2 July 6 - 9	<input type="checkbox"/> HR 2 July 21 - 25	<input type="checkbox"/> MR 2 August 7 - 11
<input type="checkbox"/> ER3 July 10 - 13	<input type="checkbox"/> HR 3 July 27 - 31	<input type="checkbox"/> MR 3 August 13 - 17

PLEASE TYPE OR PRINT CLEARLY

CAMPER INFORMATION

Church _____ Church City _____

First Name _____ Last _____

[] Male [] Female Grade (THIS COMING FALL) _____ Date of Birth (MM/DD/YYYY) _____ / _____ / _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Cabin Partner Request _____

PARENT/GUARDIAN INFORMATION

Primary: Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Email _____ Notes _____

Secondary: Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Email _____ Notes _____

HEALTH INFORMATION

Name of Physician _____ City _____ Office Phone () _____

Last Tetanus _____ / _____ / _____ Health Insurance Provider _____

Health Insurance Policy # _____ Group Identification # _____

Medical concerns or known allergies _____

Medications that may be brought to camp _____

Please Note: Campers must turn in both non-prescription and 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. Should a student have serious medical conditions, behavioral issues or dietary allergies, please contact our office prior to registration.

Emergency Contact: Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

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 \$50.00 of the camper registration deposit is non-refundable and non-transferable, should I cancel less than three weeks prior to the camp session. I understand that the camp cannot prepare special meals for the campers. 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/Legal Guardian Signature _____ Date _____ / _____ / _____