

## Camp Camrec Camper Registration Form (18 or older)

Please complete this form in either **black or blue ink only** (i.e. no pencils, red pens, etc.). After signing and submitting an initial paper registration form, future registrations may be submitted electronically.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female

Completed Grade: \_\_\_\_\_

T-Shirt Size:  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L  Adult XL  Adult XXL  Adult XXX

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	Completed Grades	Dates	Fees
	Sr. High	9 - 11	July 25 - 30	\$260

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) \_\_\_\_\_

**1 – ASSUMPTION OF RISK AND RELEASE:** I assume, for myself, 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. I agree to release, hold harmless, and indemnify Washington Mennonite Fellowship/Camp Camrec and its caretakers, staff, officers, directors, and/or agents from any damages, claims, liabilities, and injuries relating to my participation in any Camp Camrec activities (including transportation to off-site camp activities) and my use of camp dining, lodging, and other facilities made available to me. I grant to Washington Mennonite Fellowship/Camp Camrec and to its agents the right to photograph or film my participation in Camp Camrec activities and use the photos and/or other reproduction of my images for publication purposes, whether electronic, print, digital, or publishing via the Internet without compensation or approval rights.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTAL ACKNOWLEDGMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**Medical Information**

Name: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Name of Health Insurance Plan: \_\_\_\_\_ Member #: \_\_\_\_\_ Group #: \_\_\_\_\_

Emergency Contact (name & phone): \_\_\_\_\_ Alternate Emergency Contact: \_\_\_\_\_

**Health History**

- Diabetes
- Asthma
- Epilepsy
- Heart defects/disease
- Recent surgery
- Bleeding disorder

- To medications: \_\_\_\_\_
- To insect stings: \_\_\_\_\_
- To foods: \_\_\_\_\_

Date of last booster  
Tetanus \_\_\_\_\_ MMR \_\_\_\_\_ Chicken pox \_\_\_\_\_

Allergies (Please list type & severity of reaction.)

We will make every effort to be sure you are 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 bring foods to accommodate intolerances, we would be glad to serve them for you.

Please explain any special diet requirements: \_\_\_\_\_

Regular medications will be your own responsibility unless you make prior arrangements with the Camp Program Director.

Is there any other information about yourself that you want the director/counselor to know about, such as:

Sleepwalking \_\_\_\_\_ Behavior concerns \_\_\_\_\_ Depression \_\_\_\_\_

Other (please explain) \_\_\_\_\_

**2 – MEDICAL HISTORY AND CARE:** This health history is correct so far as I know. I agree to release, hold harmless and indemnify Washington Mennonite Fellowship/Camp Camrec and its caretakers, staff, officers, directors, and/or agents from any damages, claims, liabilities, or injury suffered by myself at or involved with Camp Camrec, including but not limited to those arising from the rendering of first aid, the provision of over-the-counter medications at my request, or referral to health care providers.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTAL ACKNOWLEDGMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Is there anyone who has a restraining order against you and cannot come near you?

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 (t-shirt included!)

Plus \$ \_\_\_\_\_ Donation towards sponsoring another camper  
(\$50 will help cover part of another campers cost, \$240 will cover another camper's full registration fee, etc.)

Less \$ \_\_\_\_\_ "First Timer" Discount. Enter \$15 if this is your first time coming to Camp Camrec.

Less \$ \_\_\_\_\_ "Bring a Friend" Discount. Enter \$15 if you meet all qualifications.

Less \$ \_\_\_\_\_ "Early Bird" Discount. Enter \$10 if you register before May 1, 2022.

Total \$ \_\_\_\_\_

**Camper Scholarships:**

- Check here if you would like Camp Camrec to contact you about camper scholarship information.

Please mail this form **WITH PAYMENT** to 18899 Little Chumstick Creek Rd, Leavenworth, WA 98826; checks made payable to Camp Camrec. Registration fee is non-refundable after July 1, 2022. **Registration deadline is June 25, 2022.**