

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.)

Name: _____ Birth Date: ____/____/____

Gender: Male Female

Completed Grade: _____

| 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 | 9-12 | Dec 31 – Jan 2 | \$125 |

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: _____ Alternate Emergency Contact: _____

Health History

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

To medications: _____

To foods: _____

To insect stings: _____

Date of last booster
Tetanus _____ MMR _____ Chicken pox _____

Allergies

Do you have any of the following allergies? Nut (please specify) _____ Egg

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
 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, 2019.
 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 15, 2019. Registration fee is non-refundable after December 15, 2019.

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