

2023 Camp CAMREC Camper Registration Form

Please complete this form either electronically or by hand in **black or blue ink only** (i.e. no pencils, red pens, etc.).

Camper's Name: _____ Birth Date: ____/____/____

Gender: _____ Completed Grade: _____

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

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
	Pre-Junior	K - 2	July 14 - 16	\$140 (+\$70 per guest)
	Junior	3 - 5	July 18 - 22	\$275
	Jr. High	6 - 8	July 24 - 29	\$325
	Sr. High	9 - 11	August 1 - 6	\$325

****If finances are a concern, Camper Scholarships are available****

For Pre-Junior Camp only, list each additional guest who will be joining us at CAMREC

Guest Name	Relationship to Camper	Age Group (check one)			T-Shirt Size
		Child (<= 6)	Youth (7 - 17)	Adult (18 +)	

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) _____

PARENTS' AND GUARDIANS' AUTHORIZATIONS

I am a custodial parent or guardian of the camper named above and have the right to provide the following authorizations to Camp CAMREC on behalf of myself, the camper named above, and the camper's other parents and/or guardians in recognition of Camp CAMREC making its facilities and programs available to the camper.

1 – ASSUMPTION OF RISK AND RELEASE: I assume for each person identified above 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. To the full extent permitted by Washington law, on behalf of each person identified above, I agree to release and hold harmless Washington Mennonite Fellowship/Camp CAMREC and its caretakers, staff, officers, directors, and agents from any damages, claims, liabilities, and injuries relating to the camper's use of camp dining, sleeping, and other social facilities or participation in any Camp CAMREC activities (including transportation to off-site camp activities), all of which have my permission except as follows. No permission is granted for participation in the following activities: _____ . I also hereby grant to Washington Mennonite Fellowship/Camp CAMREC and to its agents the right to photograph the camper named above and use the photos and/or other digital reproduction of them for publication purposes, whether electronic, print, digital, or electronic publishing via the Internet without compensation or approval rights.

SIGNATURE: _____ DATE: _____

Medical Information

Camper's Name: _____

Physician: _____ Physician Phone: _____

Name of Health Insurance Plan: _____ Member #: _____ Group #: _____

Emergency Contact (name & phone): _____ Alternate Emergency Contact: _____

Health History

Allergies (Please list type & severity of reaction.)

- 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 _____ COVID _____

We will make every effort to be sure your child is not exposed to these allergens. Due to the small size of our camp, we cannot guarantee a very wide variety of alternate dietary options such as for lactose intolerance, gluten sensitivity, etc. So, if you would like to send foods for your camper to accommodate intolerances, we would be glad to incorporate that food into their meals..

Please explain any special diet requirements: _____

Current medications and instructions: _____

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

Sleepwalking _____ Behavior concerns _____ Bedwetting _____ Depression _____

Other (please explain) _____

2 – MEDICAL HISTORY AND CARE: The health history provided on this form is correct so far as I know. To the full extent permitted by Washington law, on behalf of each person identified on the previous page, I agree to release and hold harmless Washington Mennonite Fellowship/Camp CAMREC and its caretakers, staff, officers, directors, and agents from any damages, claims, liabilities, or injury suffered by the camper named above arising from the rendering of first aid or medical treatment. I hereby give permission to the appropriate licensed health care provider(s) selected by camp staff or their designees to order X-rays, routine tests, and treatment for the health of the camper named above and, in the event I cannot be reached in an emergency, I hereby give permission to such provider(s) to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for this camper. I hereby give permission to the camp program director, camp medical staff, and/or their designees to dispense to the camper the prescription and over-the-counter medications that I provide to such staff upon the camper's arrival, so long as all such medications are in their original containers and all prescription medications are labeled with camper's name and health care provider's ordered dose on the bottle, and to dispense other over-the-counter medications to the camper if indicated by minor injuries, pain, or discomfort. This form may be photocopied for use out of camp.

SIGNATURE: _____ DATE: _____

Is there anyone who has a restraining order against this camper and cannot come near the child?

YES NO If YES, please explain.

****If finances are a concern, please contact CAMREC regarding our **Camper Scholarships** OR send in this application and check here to request scholarship assistance****

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 \$ _____ Guest fee(s) for each additional member(s) at Pre Jr. Camp (\$70/person)
 Plus \$ _____ Donation towards sponsoring another camper
 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 \$15 if you register before May 1, 2023.
 Total \$ _____

Please mail this form **WITH PAYMENT**, if possible, to 18899 Little Chumstick Creek Rd, Leavenworth, WA 98826; make checks payable to Camp CAMREC. Otherwise, CAMREC staff can send you a link for online payment. Registration fees are non-refundable after July 1, 2023. **Registration deadline is June 25, 2023.**