

# Twin Rocks Day Camp Registration Form – July 29th – August 1st, 2008

Please send your form and \$75 (\$100 if after July 7<sup>th</sup>) to PO Box 6, Rockaway Beach, OR 97136 Phone: (503) 355-2284

Camper's Full Name \_\_\_\_\_

Parents' or Guardians' Names \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Day time phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Grade next Fall \_\_\_\_\_ Home Church (if any) \_\_\_\_\_

**TRANSPORT HOME:** This camper will leave from camp daily with \_\_\_\_\_ (Name of person or church driver)

**IMPORTANT:** You must give written permission to Twin Rocks Friends Camp if you desire anyone other than the above to transport your child home from camp.

**NEEDS ASSESSMENT:** Our staff desires to help you meet your child's physical, social and spiritual needs. Please describe below how we might be of assistance in meeting your child's unique needs. Attach additional paperwork if needed. \_\_\_\_\_

**HEALTH HISTORY:** Camper health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. **If insufficient space is provided, please describe on the back of this form.**

Gender: Male Female Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Asthma Fainting/convulsions Heart trouble \_\_\_\_\_

Diabetes Tubes in ears Severe reactions to bee stings \_\_\_\_\_

A photocopy of the camper's immunization card may substitute for the immunization section below. Please list immunization dates.

Tetanus (Date) \_\_\_\_\_ DPT \_\_\_\_\_ Oral Polio \_\_\_\_\_ Measles (Hard, Red, Rubeola) \_\_\_\_\_

Mumps \_\_\_\_\_ Rubella (German, 3-Day) \_\_\_\_\_ Tuberculin Test \_\_\_\_\_ Hepatitis B \_\_\_\_\_

Any food and/or other allergies? Yes No If yes, instructions \_\_\_\_\_

Any current condition requiring medication? Yes No If yes, instructions \_\_\_\_\_

Any restriction of activities for medical reasons? Yes No If yes, instructions \_\_\_\_\_

Do you carry family health insurance? Yes No Carrier \_\_\_\_\_ Group ID# \_\_\_\_\_

Family Doctor or Health Care Facility: \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist/Orthodontist: \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY AUTHORIZATION AND LIABILITY RELEASE:** This health history is correct so far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury in camp activities and particularly, but not limited to: swimming, boating, archery, and some beach activities. I understand that Twin Rocks Friends Camp has taken extensive safety measures, including the certification of its staff in first aid, CPR and water safety as well as making every effort to aid the safety of all camp participants. However, I also recognize that Twin Rocks Friends Camp cannot insure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child in the importance of knowing and abiding by the camp's rules and regulations and do release Twin Rocks Friends Camp from all liability for any injury to the camper.

In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied to have a second set available for transportation records and for Twin Rocks Friends Camp's office.

I give permission for Twin Rocks Friends Camp to use any photo, video, or interview taken at camp to be used to illustrate, report, promote and advertise the camp.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

In case we cannot be reached in an emergency, please notify the following individual:

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_