TRACKS Registration Form 2016-2017 (Twin Rocks After-school Camp for Kids)

Program begins October 26th and ends March 22nd (closed over Christmas Vacation) for children K-5th
Please return this form to PO Box 6, Rockaway Beach, OR 97136 Phone: (503) 355-2284 Web: www.twinrocks.org

Child's Full Name _____

Parents' or Guardians' Names _____

Home Mailing address _____ City _____ State _____ Zip _____

Home phone ( ) _____ Day time phone ( ) _____ Cell Phone ( ) _____

Email: _____ Grade _____

TRANSPORT To Camp: Please make the necessary arrangements for your child to arrive at Twin Rocks Friends Camp by 3:00 PM

TRANSPORT Home: This child will leave from camp each Wednesday at 5:30 PM with _____ (Name of person)
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 meet your child's specific physical, social and spiritual needs. Please describe on the back of this sheet how we might be of assistance in meeting your child's unique needs.

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.**

Birthdate: _____ Age: _____ Gender: _____ ____

Please circle all that apply: 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 _____

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 activities except as noted. I have familiarized myself with the program and understand that all activities are completely voluntary. I recognize the inherent risk of injury in activities in any program like this. I understand that Twin Rocks Friends Camp has taken extensive safety measures, including the certification of its staff in first aid, CPR as well as making every effort to aid the safety of all 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 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 _____