

Sponsoring Church: _____ Staff Position _____

Staff Registration Form
Clear Lake Christian Camp
July 7th – 12th, 2019

VERY IMPORTANT: In order to use this form you must meet the following criteria.

1. You must be age 18 or older.
2. You must be a member of the Staff.
3. You must not have medical insurance through your parents.

If you do not meet all of the above criteria and you fill out this form, you will not be registered and may not be able to attend.

Direct any registration questions to Darrell Chase:

Phone: 206-714-9842 Email: dchasejr@comcast.net

Instructions For Church Rep.: Mail Forms To: 14211 29th Ave S.; SeaTac, WA 98168

Church _____

Name (Please Print) _____ Date of Birth _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Primary Phone (_____) _____ Secondary Phone: (_____) _____

Emergency Contact: _____ Emergency Contact Phone (_____) _____

E-mail: _____

Insurance Information

All insurance bills should be sent to your personal insurance company, but if needed (for example, those not covered by their own insurance), contact Darrell Chase Sr, 206-244-4277 and send bills to Darrell Chase Sr at 11401 10th Avenue South., Seattle, WA, 98168. Clear Lake Christian Camp has accident insurance through CHURCH MUTUAL INSURANCE., 300 Schuster Lane P.O.Box 357, Merrill, WI 54452-0357 (phone:1-800-554-2642 option 2, claims department). BENEFITS ASSIGNED TO YAKIMA VALLEY MEMORIAL HOSPITAL.

Insurance Company: _____ Policy #: _____

Medical Information

(If additional space is needed, note it below and attached the information on another paper.)

Are there any health restrictions? _____

List any Medications to be taken at Camp. _____

Allergic reactions to drugs? _____
(Antibiotics, Pain Medications, Aspirin, etc.)

Food allergies? _____

Other allergic reactions? _____
(Bee stings, etc.)

Date of last Tetanus shot. _____

(See next examples for a list of personal, infectious, and infestious health conditions, problems or illnesses.)

Personal Health Problem Examples: _____

Recently broken bones or injured muscles, head or back injury, heart condition, seizures, brain injury, heart problems, diabetes, asthma, kidney or gall stones, fainting, eating or stomach disorders, ulcers, drug or alcohol problems, etc.

Infectious or Infestious Health problem Examples: _____

Mumps, Chicken Pox, Measles, flu, lice, scabies, stomach flu, ring worm, boils, Strep Throat, TB, mononucleosis, hepatitis, scarlet fever, sexually transmitted diseases, etc.

List any illness since May 1st. _____

(Note: you must get a doctor's release for any conditions which require a doctor's attention that might arise at camp as a personal medical problem or infectious to others. See below.)

List past or present health conditions or considerations which could bear upon choice of medical treatment, if deemed necessary. (Heart conditions, cancer, brain injury, seizures, etc.)

