

Administration Use Only: Date \_\_\_\_\_

Preregistered \_\_\_\_\_

Assigned To \_\_\_\_\_

Form Problems \_\_\_\_\_

Amount Pd: \_\_\_\_\_

## Clear Lake Christian Camp Registration form

Grades 4-12<sup>th</sup>

July 7<sup>th</sup> – 12<sup>th</sup>, 2019

**Give forms to your Youth Leader who will submit online reg. as well as turn them in to registration. Direct registration questions to Darrell Chase: Phone: 206-7149-9842 Email: Dchasejr@comcast.net**

Sponsoring Church: \_\_\_\_\_ Camper / Staff (circle one) Staff may use Staff Reg. Form

Name (Please Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Next Grade \_\_\_\_\_ 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 #: \_\_\_\_\_

### Permission For Specialized Recreation Activities

I hereby grant the above registered camper to engage in the activities where my initials appear. While I understand that the staff of Clear Lake Christian Camp will exercise great care for safety, I will not hold them responsible for accidents. All activities are supervised.

SWIMMING (In lake with life vest)	_____ Yes _____	No _____	_____	Parent's Initials
HIKING (On marked trails only)	_____ Yes _____	No _____	_____	Parent's Initials
BOATING (On lake)	_____ Yes _____	No _____	_____	Parent's Initials
THE CHALLENGE:				
(Fear factor style challenges)	_____ Yes _____	No _____	_____	Parent's Initials
OBSTACAL COURSE: "Ninja Style"	_____ Yes _____	No _____	_____	Parent's Initials
FOAM GLADIATOR FIGHT CLUB	_____ Yes _____	No _____	_____	Parent's Initials
CLIMBING WALL:				
(Free style -supervised)	_____ Yes _____	No _____	_____	Parent's Initials
WATER SLIDE/BOUNCEY HOUSE	_____ Yes _____	No _____	_____	Parent's Initials

**Attention parents of all campers:** If you decide to pick up your child at camp, you must pick them up by 10:00 AM on Friday.

**Attention parents of fourth and fifth graders:** Be sure to read, sign, discuss with your child and send along with your registration form, the "Notice To Parents Of Younger Children."

Cost for Camp is \$200.00. **Discount "Early-bird" registration for Camp**, if given to sponsoring church rep by June 16th, is \$175.00. We recommend getting this form and your money to your church a week before the early registration dates, so that they have time to get the online registration completed to us by the pre-registration dates. Camp is filled on a first-come basis. If camp becomes full, you will be notified and put on a

standby waiting list. **Due to the limited space and facilities; there will be no late registration at the camp, unless okayed by the camp manger.**

**Give this form and your tuition money to your local sponsoring church leaders.  
Make Checks Payable To: Your Local Sponsoring Church**  
Churches make your check out to "Clearlake Christian Camp"

**Parents,** Please indicate by initials any medication your child can receive while at camp. Cross off those you do not want your child to have.

Camper's Name: \_\_\_\_\_

Please **INITIAL ONLY** or cross off. **A CHECK MARK will be equivalent to a cross off.**

- \_\_\_\_\_ Aspirin (Not given to those under 21, unless directed by Doctor's note)
- \_\_\_\_\_ Benadryl - Antihistamine
- \_\_\_\_\_ Chlortrimeton - Antihistamine
- \_\_\_\_\_ Cortaid Cream (Hydrocortisone 1%)
- \_\_\_\_\_ Halls Cough Drops
- \_\_\_\_\_ Ibuprofen - (Motrin, Nuprin) - Non-aspirin, anti-inflammatory, pain and fever reducer
- \_\_\_\_\_ Kaopectate II anti-diarrheal
- \_\_\_\_\_ Maalox - antacid
- \_\_\_\_\_ Neosporin Ointment - Anti-bacterial
- \_\_\_\_\_ Off - insect repellent
- \_\_\_\_\_ Robitussin Cough Syrup
- \_\_\_\_\_ Sucrets Throat Lozenges
- \_\_\_\_\_ Sudafed - Decongestion
- \_\_\_\_\_ Tums - antacid
- \_\_\_\_\_ Tylenol - Pain reliever, antipyretic
- \_\_\_\_\_ Visine - (eye drops)

Date \_\_\_\_\_ Parent or Guardian's Signature \_\_\_\_\_

Please send your child's Rx medications with them to camp. Please notify the nurse in writing if you wish her to distribute the medication.

**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,)** \_\_\_\_\_

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## **Authorization For Treatment Of A Minor Release of Medical Information**

*(This section must be signed by a parent if the person is under the age of 18 or if they are covered by a parent's insurance)*

Name of Camper: (Please print) \_\_\_\_\_

I, the undersigned, a parent or legal guardian of the above registered camper, a minor, do hereby authorize any member of the faculty of Clear Lake Christian Camp as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall be in effect for all of the days registered in camp in the current year signed.

Further, this is your authorization to release to the Glen Acres Church of Christ in Seattle information relating to this injury or illness (For Insurance Purposes). A copy of this Release shall have the same force and effect as a signed original.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Signature cannot be a photocopy or stamp)

## Notice to Parents of Children who are in Grades 4 and 5

Our Junior Camp program for Clear Lake Christian Camp consists of 4<sup>th</sup> through 7<sup>th</sup> grade. We are excited about the opportunity to minister to and teach your children. It's our goal to make this a time of fun and spiritual growth. However, not all fourth and fifth graders are ready to be away from home for a week. Before you decide to send your child to camp, please discuss the following with them. Also, some staff will be 18-21 years of age and do not know how to be a parent to your child. They will be asking your child to do things that your child may have never done. (For example, clean up after themselves and go to bed when light are turned out.)

**This form must be signed and sent with your child's camp registration form.**

1. **HOME SICKNESS:** For many fourth and fifth graders, camp will be their first extended time away from home. Discuss with your child how they feel being without their family. The only phone at camp is for emergencies, not to call mom and dad.
2. **BED WETTING:** Bed-wetting can still occur at this age for some children. Accidents will happen, but for a child who regularly wets the bed or who does not have control of their bladder, camp can be a very embarrassing and miserable experience. We strongly recommend that children in this situation wait a year or two before attending camp.
3. **FOOD:** Meals at camp are nutritious and taste good to most campers. Occasionally a child is used to eating only a limited variety of foods. Discuss with your child that they will have to choose between eating what is served or going without. The cooks will not cook special meals for a child.
4. **GETTING UP AND GOING TO BED:** Camp has regular and required wake-up and bedtimes. If your child has trouble getting up early and going to bed, please discuss this with them.

If after discussing these points, you feel your child is ready to be at camp for a week, send them on up. If they are not ready, it is far better to stay at home one more year than to have a miserable first year at camp.

*I have read and discussed this with my fourth or fifth grade child and we feel they are ready for camp. I understand if my child has to leave camp, that I am responsible for the cost of their transportation.*

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Camper's Name

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Signature of Parent or Guardian

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Date