

2019 Youth Summer Camp Registration



Want to skip the paper form? Register online!

Visit

<https://disciplesnw.org/youthsummercamps>

to get started!

Camper Information

Personal Information

First Name

Middle Name

Last Name

Gender

Birthday

Grade (Entering)

Mailing Address

Street

Apt #

City

State

Zip

Contact Information

() -

@

Phone Number (where the Camper resides)

Family Email Address (checked at least once a week)

Other Information

Home Church (with City)

Camp Information - Select by Grade

Camps at Gwinwood, Lacey, WA

Kids 2nd-3rd Grade July 8-11, 2019
Early Rate \$165 if Postmarked by May 27, 2019
Regular Rate \$180 May 28 - June 17 (No Later)

Chi-Rho 7th-9th Grade July 14-20, 2019
Early Rate \$285 if Postmarked by June 3, 2019
Regular Rate \$300 June 4 - June 24 (No Later)

Junior 4th-6th Grade July 8-13, 2019 Early
Rate \$275 if Postmarked by May 27, 2019
Regular Rate \$290 May 28 - June 17 (No Later)

CYF 10th-Grads July 14-20, 2019
Early Rate \$285 if Postmarked by June 3, 2019
Regular Rate \$300 June 4 - June 24 (No Later)

Forms submitted after the deadline will be evaluated on a case by case basis up until one week before camp.

Emergency Contacts

Parent or Guardian with Legal Custody of Camper

Name

() -
Preferred Emergency Phone Number

Relationship to Camper

2nd Emergency Contact

Name Preferred Emergency Phone Number Relationship to Camper

Insurance

If your camper requires medical treatment while at camp, your family's or camper's health insurance information will be used at the hospital. Please provide that information below.

Insurance Carrier or Plan Name: _____

Policy/Group Number/ or other ID#: _____

Birth Date of the Policy Holder: _____
Month/Day/Year

Select this box if your camper has NO health care coverage.

Primary Doctor Name: _____ Doctor/Clinic Phone #: (_____) _____

Camper Medical Information

This section helps our volunteer staff and medical personnel know about your camper's medical needs.

Medication

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. All medications are collected, stored, and distributed by either a volunteer adult with a health care background or other designated adult volunteer.

Please list *ALL medications* (including over-the-counter or non-prescription drugs) taken routinely. **Bring only enough medications to last the entire time at camp. Keep it in the original packaging/bottle** that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

- The camper WILL NOT take any daily medications while attending camp
 The camper WILL take daily medications while attending camp

1. Medication: _____	Dose/Time: _____
2. Medication: _____	Dose/Time: _____
3. Medication: _____	Dose/Time: _____
4. Medication: _____	Dose/Time: _____

Include a separate sheet of paper if there are more than four medicines to be included, listing them as indicated above.

- Camp staff HAS PERMISSION to administer over-the-counter medications as necessary.
 Camper SHOULD NOT be given any over-the-counter medications.
 Camp staff HAS PERMISSION to administer over-the-counter medications as necessary, EXCEPT: _____

Brief Medical History

Help our volunteers understand your camper's medical history so they can better care for your camper.

ALLERGIES

My Camper has: No known allergies Food allergies Medicine allergies (such as penicillin)
 Environmental allergies (such as pollen or mildew)

Identify and briefly describe the allergy, the reaction, and how it is treated: _____

DIET and NUTRITION

My Camper: Eats a regular diet Eats a vegetarian diet Has special food needs

Briefly describe any special food needs: _____

VACCINATIONS

Please check all that the camper has been vaccinated for or received booster shots for.

- Measles German Measles Mumps Chicken Pox
- Hepatitis A Hepatitis B Hepatitis C Positive TB Mantoux Test
- Camper has had NO vaccinations or booster shots.

SOCIAL and EMOTIONAL HEALTH

Check all that apply to your camper.

- Treated for attention deficit disorder or attention deficit/hyperactivity disorder.
- Treated for emotional or behavioral difficulties or an eating disorder.
- Has, during the past 12 months, seen a professional to address mental/emotional health concerns.
- Had a significant life event that continues to affect the camper's life.
- Camper is emotionally and socially stable.

Briefly describe any statements check marked: _____

GENERAL HEALTH CONCERNS

Check all that apply to your camper.

- Has been hospitalized in last 12 months
- Has recurrent/chronic illnesses
- Had a recent injury
- Has diabetes
- Had/Has migraine headaches
- Has a history of bedwetting
- Has any skin problems
- Has problems with falling asleep/sleepwalking/nightmares
- Had mononucleosis (mono) during the last 12 months
- Had/Has back/joint problems in last 12 months
- Had/Has fainting or dizziness in last 12 months
- Has passed out/had chest pain during exercise in last 12 months
- Has had surgery in last 12 months
- Had a recent infectious disease
- Had/Has asthma/wheezing/shortness of breath
- Had/Has seizures
- Wears glasses, contacts or protective eyewear
- Has problems with diarrhea/constipation
- Has frequent nose bleeds

- If female, had/has problems with periods/menstruation
- Has traveled outside the country in the past 9 months
- Camper is in general good health.

WHAT HAVE WE FORGOTTEN TO ASK?

If your explanation about your camper's health exceeded the space(s) above, please use this section to provide additional information about the camper that you think is important or that may affect the camper's ability to fully participate in the camp program or by contacting NWRCC Office Manager Amber Saladino at asaladino@disciplesnw.org or 253-893-7202 xt 1.

Consent • Release • Covenant

PARENT or GUARDIAN

CONSENT

The undersigned person represents that he/she is the custodial parent/legal guardian of the above identified participant. The camper has my/our permission to attend the indicated camping program sponsored by the Northwest Regional Christian Church (Disciples of Christ) as scheduled during the month of July 2019.

In case of medical emergency, I/We understand that every effort will be made to contact a parent or guardian of the camper. In the event I/We cannot be reached, I/We hereby grant permission to the camp staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for child while attending camp. I/We further release the camp director(s), volunteer counselors, onsite staff, and the Northwest Regional Christian Church (Disciples of Christ) from responsibility and liability for any accidents or illnesses occurring during camp. I/We also authorize the camp director or medical supervisor to dispense non-prescription drugs (i.e. Tylenol; ibuprofen) if the situation warrants unless otherwise stated.

I/We understand that the camping experience grows in intensity as the week progresses. I/We recognize that missing any part of the week compromises my child's experience of intentional Christian community and affects both my individual child and the camp community as a whole. I/We know that the demands outside this camp event may be in conflict with the commitment to spend a week apart in Christian camping, and I/We have chosen to have my child spend a week at camp uninterrupted. Thus, I/We agree to not text or call my child/youth during the week of camp. I/We acknowledge that I/We will be personally responsible for picking up my youth from the event if they violate any part of the covenant below.

I/We confirm that the participant has no physical or mental disabilities that would impair their participation except as noted above. I/We understand that the information provided on this form will be kept confidential and shared only as necessary to provide care of the participant.

PHOTOGRAPH/VIDEO RELEASE

With your permission, the Region's staff and our volunteer camp staff (counselors and directors) may photograph or video tape your child for the express purpose of promoting the Region's Summer Camp program or the Youth and Children's Ministries program through print media, digital media, or internet platforms. Further, the staff of the

facilities the Region rents to host our Summer Camp program (Gwinwood Christian Camp and Conference Center) has permission to photograph or video tape your child for the express purpose of promoting their facilities and ministry of hospitality through print media, digital media, or internet platforms. Below you can choose to NOT give your permission.

- I/We Authorize the Region to photograph or video tape my child/youth.
- I/We Do Not Authorize the Region to photograph or video tape my child/youth.

Parent/Guardian Signature

Date

CAMPER

COMMUNITY COVENANT

Our summer camp, retreat, education and mission trip experiences depend on a commitment to living in intentional Christian community by the participants and the adult volunteers. To do so, we agree to a covenant that helps manage our relationships with one another, our behavior within community, and as a community. We require all participants to read and agree to our Community Covenant below.

Summer camp, retreat, mission trip, or education trips are an opportunity to come to know God while living in intentional Christian community. To ensure every person's worth as a child of God and each person's safety, all participants (youth, children, and adults) follow this Community Covenant.

- I will participate fully in all activities.
- I will be respectful to all persons and the camp environment at all times.
- I understand that the adults are present for my safety, for my questions about life and faith, and that they are responsible to uphold the Region's policies and boundaries as well as that of the camp facilities. I will be respect and trust the adults.
- I will try to always use the "buddy system" when moving from one activity to another for my own safety and the safety of other campers. I will not wander away from the camp, small group, cabin group, or the total group without permission from a counselor.
- I will respect the personal items of other participants (children, youth, and adults), respect the personal space of others, and respect other persons physical autonomy.
- I will not bring food to camp unless authorized by the Youth and Children's Ministry Coordinator/Regional Office or Camp Director due to my health requirements.
- Accidents happen. I understand that my family could be held financially responsible for any repairs needed to property as a result of my actions.

I understand and accept that if I am found with, or participate in any of the following, that I could be sent home from summer camp, from a retreat, education trip, or mission trip experience at my family's expense. I also understand that being sent home may limit or disqualify my participation in summer camp, retreats, education or mission trips in the future.

- I will not bring weaponry of any sort (knives, firearms, etc.) to camp.
- I will not bring or consume illegal drugs, alcohol, or tobacco of any sort.
- I will not steal anything from anyone.
- I will not physically harm another camper or adult.
- I will not participate in sexual activity of any kind.
- I will not behave consistently in a way that disrespects the adults, other campers, or the facility.
- I will behave in a way that does reflect the grace and love that is expected of persons who claim Christian faith.
- I understand that cell phones are allowed as cameras and during "cabin time" only. Phone calls are for emergency situations and should be arranged by the event director.

I look forward to spending time in community with those who share my interest in exploring Christian faith and the practice of Christianity as we play, pray, study, worship, and serve one another following the example of Jesus.

Camper Signature

Date

Payment

Most congregations pay a portion of the camp fee and Regional Camp Scholarships are requested on behalf of campers by the minister or other church leadership. **Parents/Guardians are asked to present this completed registration form and the agreed portion your family will pay for camp to the person (minister, youth minister, office administrator) who is organizing the payment of camp fees for your church.** They will include this registration form with the forms of other campers and fees received.

It IS possible to arrange for credit card payments. Please inform your church's camp coordinator that is how you will be paying your portion of the fees and be in touch with the NWRCC Regional Office at the phone number or email address below to coordinate processing.

If a camper cannot attend, a full refund minus a \$50 administration fee will be issued up to three weeks before the first day of their camp. Refunds will not be issued less than three weeks before their camp.

All completed forms and fees must be received by the Regional Office no later than one week before camp.

Family Discount: If you have three or more campers this year residing in the SAME household, subtract 15%.

\$165-15%= \$140 | \$180-15%= \$153 | \$275-15%= \$233 |

\$285-15%= \$242 | \$290-15%= \$246 | \$300-15%= \$255 |

This discount cannot be combined with a Regional Scholarship

Northwest Region of the Christian Church (Disciples of Christ) PO Box 23819, Federal Way, WA 98093

Fax: (253) 656 - 5715

Phone: (253) 893 - 7202 ext. 1 asaladino@disciplesnw.org