

Branching Out

Connecting Through Christ

Northwest Regional Christian Church (Disciples of Christ)

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2017 Summer Camp Registration Form

Camper Information

Personal Information:

First Name Middle Name Last Name

Gender Birthday Grade (Entering)

Mailing Address

Street Apt. #

City State Zip

Contact Information

() — @

Phone Family E-mail Address

Other Information

Home Church Parent/Guardian Name(s)

Camp Information - Select by Grade

Ecumenical Camps @ Koinonia, Cle Elum WA

This year Northwest Regional Disciples' directors and counselors, along with Church of the Brethren counselors, are collaborating to create two unique multi-denominational camps offered to both our regions. With a summer curriculum focused around Branching Out, this is a great opportunity and will be a very meaningful experience for campers.

▣ Junior : 4th—6th Grade - June 26th—July 1st

Early Rate : \$275 Postmarked by May 15th

Late Rate : \$290 May 16th - **June 5th (No Later)**

▣ Chi-Rho : 7th—9th Grade - Aug. 6th—Aug. 12th

Early Rate : \$285 Postmarked by June 26th

Late Rate : \$300 June 27th - **July 17th (No Later)**

▣ CYF Camp : 10th—Grads - Aug. 6th—Aug. 12th

Early Rate : \$285 Postmarked by June 26th

Late Rate : \$300 June 27th - **July 17th (No Later)**

Camps @ Gwinwood, Lacey, WA.

▣ Kids : 2nd—3rd Grade - July 24th—27th

Early Rate : \$165 Postmarked by June 12th

Late Rate : \$180 June 13th - **July 3rd (No Later)**

▣ Junior : 4th—6th Grade - July 24th—29th

Early Rate : \$275 Postmarked by June 12th

Late Rate : \$290 June 13th - **July 3rd (No Later)**

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



Basic Medical Information

Allergies (Circle all that Apply)

Aspirin

Bee Stings

Mildew/Mold

Penicillin

Seasonal Allergies

Sulfa Type Drugs

Food Allergies

Other Allergies

Health History (Circle all that Apply)

ADD/ADHD

Asthma

Bed Wetting

Chicken Pox

Chronic Health Issues

Constipation

Diabetes

Ear Infection

Epilepsy

Fainting

HIV/AIDS

Major Surgeries

Measles

Serious Injuries

Sinus Infection

Sleep Walking

Stomach Upsets

Sore Throat

Camper's immunizations are up to date : Yes No

Please list other conditions, health history details or circled items above, and any special concerns/medical needs

Medication

Please list current medications (including over-the-counter). All medications must be sent to camp in original containers to be turned over to a designated counselor at registration. A counselor will monitor and distribute medication as specified here below.

Medication: _____ Dose/Time: _____
Medication: _____ Dose/Time: _____
Medication: _____ Dose/Time: _____
Medication: _____ Dose/Time: _____

Insurance

Insurance: YES NO

Provider: _____

Physician: _____

Policy #: _____

Primary Physician Phone #: () - _____

Group #: _____

Emergency Contacts

1st Emergency Contact () -
Name Home/Cell Phone Relationship to Youth

2nd Emergency Contact () -
Name Home/Cell Phone Relationship to Youth



Camper Signature

Camp Covenant

I agree to participate fully in this event and cooperate with event leaders. I will not bring electronic games, devices used to watch shows/movies, tobacco, marijuana, alcohol, illegal drug/drug paraphernalia, fireworks, knives, firearms, other weapons, or anything intended to cause harm to myself or others. I will respect the campgrounds and camp property by keeping it clean and damage free. 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 acknowledge that if I break this covenant, or do anything to harm myself or others on the event site, I will be sent home at the expense of my parent(s)/guardian(s).

Camper Signature Date

Parent/Guardian Signature

Parent/Guardian Consent

I consent for my child to attend the the above identified camp hosted by the Northwest Regional Christian Church. I have read and understand the Camper Covenant. I acknowledge that I will be personally responsible for picking up my youth from the event if they violate any part of the covenant. I understand photographs will be taken at the event and consent for their use in promotional materials. During travel to and from the event and during its duration, I consent for adult sponsors to perform basic first aid and authorize emergency medical care or surgical treatment for my child (if under 18) in the event that I cannot be reached immediately for my permission.

Payment Policy

I understand that if my camper can not attend, I will receive a full refund, minus a \$50 administration fee, up to three weeks before the first day of their camp. Refunds will not be issued three weeks before their camp. I understand that forms submitted after the deadline will be evaluated on a case by case basis up until a week before camp. All completed forms and fees must be received by the Regional Office no later than one week before camp.

Parent/Guardian Signature Date

Pastor Signature

Acknowledgement and Comments

I understand the above youth will attend the above identified camp hosted by the Northwest Regional Christian Church.

Pastor Signature Date

Feel free to provide any comments or observations which will help this camper have a rewarding experience at camp.

Send completed forms and payment by mail (make checks payable to NWRCC) to the following address:

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

