

Check the
desired week

2012 Camp Selah Registration Form

■ **Primary** June 18-21 ages 7-9 \$160

■ **Junior 1** June 25-30 ages 10-12 \$220

■ **Day Camp** July 2-3 & 5-6 ages 6-9 \$85

■ **Junior 2** July 9-14 ages 10-12 \$220

■ **Junior High** July 16-21 ages 13-14 \$235

■ **Senior High** July 23-28 ages 15-18 \$235

Camper Registration

Camper Name _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____

Cabinmates _____ (NO GUARANTEES!)

T-Shirt Size YS YM S M L XL

Parent/Guardian _____

Address _____

City _____ State _____ ZIP _____

Emergency # (_____) _____

Email _____

IMPORTANT: Sign-out person is required!

Parent/guardian, list those to whom we may release your child. If your child is riding with a church or group, list the leader of the group.

1. _____

2. _____

In case of emergency, the camper's personal health insurance will be used before Camp Selah's coverage.

Insurance Co. _____

Policy # _____

Phone (_____) _____

Address _____

City _____ State _____ ZIP _____

Home Church _____

Phone (_____) _____

Address _____

City _____ State _____ ZIP _____

Medical Form & Health Record

Birthday ____/____/____ Age ____ Sex **M** **F**

Date of last tetanus shot ____/____/____

Allergies: **(including food*)** _____

**Disclaimer: The food service staff at Camp Selah does not include a Registered Dietician. Therefore, any camper with physician-diagnosed food allergies or other eating disabilities will be responsible for supplying food substitutions to accommodate unacceptable menu items for their diet. The food service staff will be happy to store/prepare these substitutions. To request menu copies for your review or for further information or questions, contact the Camp Selah office.*

Health History: ____ heart trouble ____ epilepsy
 ____ diabetes ____ asthma
 ____ behavioral/emotional concerns

Other health considerations: _____

Current medications: _____

(All medications brought to camp must be in their ORIGINAL CONTAINER with dosage/frequency labeled accordingly.)

"I hereby certify that the above information is correct and give permission for the release of medical records in case of illness or injury and for the camp health officer to perform routine minor treatment. In the event that I cannot be reached, I hereby give permission to the physician selected by Camp Selah to give emergency medical or surgical treatment and routine non-surgical medical care. My child has permission to engage in all camp activities except as noted by me and I authorize the use of photos/videos of my child in camp publicity."

Parent or Guardian Signature Required 