

2009 Camp Registration Form

Check the desired week.

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| <p><input type="checkbox"/> Junior 1, June 22-27 ages 10-12 \$210</p> <p><input type="checkbox"/> Day Camp, June 29-July 2 ages 6-9 \$55</p> <p><input type="checkbox"/> Junior High, July 13-18 ages 13-14 \$225</p> | <p><input type="checkbox"/> Teen Combo, June 15-20 ages 14-18 \$225</p> <p><input type="checkbox"/> Primary, June 29-July 2 ages 7-9 \$150</p> <p><input type="checkbox"/> Junior 2, July 6-11 ages 10-12 \$210</p> <p><input type="checkbox"/> Senior High, July 20-25 ages 15-18 \$225</p> |
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Camper Registration

Camper Name _____

Address _____

City _____ State ____ ZIP _____

Home Phone (____) _____

Cabinmate _____ (As space allows, we will try to accommodate cabinmate requests, 2 max, NO GUARANTEES.)

Parent or Guardian _____

Address _____

City _____ State ____ ZIP _____

Emergency # (____) _____

(____)

IMPORTANT: Parent or guardian, please list those to whom we may release your child. If your child is riding with a church or group, please 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 _____

Address _____

City _____ State ____ ZIP _____

Pastor _____

Phone (____) _____

Medical Form and Health Record

Child's DOB ____/____/____ Age ____ Sex **M** **F**

Immunizations:
Date of tetanus/booster ____/____/____

Special needs, limitations: (i.e., handicaps, sleepwalking, bed wetting, history of bleeding, emotional or behavior problems)

Allergies: (including food) _____

Communicable diseases: _____

Health History: (age of illness, if current, "C")

____ heart trouble	____ eczema, skin rashes
____ convulsions, seizures	____ dental problems
____ menstrual problems	____ trouble urinating
____ earaches, sore throat	____ diabetes
____ hay fever, asthma, wheezing	
____ other _____	

Current medications: _____

Please use a separate piece of paper to explain or clarify any information that does not fit above.

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 medical 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 photographs or videos including my child in camp publicity.

Parent or Guardian Signature Required