

2010 Camp Registration Form

Check the desired week

- Day Camp** | June 14-18 ages 6-9 \$75
- Primary** | June 28-July 1 ages 7-9 \$150
- Junior High** | July 12-17 ages 13-14 \$225
- Junior 1** | June 21-26 ages 10-12 \$210
- Junior 2** | July 5-10 ages 10-12 \$210
- Senior High** | July 19-24 ages 15-18 \$225

Camper Registration

Camper Name _____
Address _____
City _____ State _____ ZIP _____
Home Phone (____) _____

Cabinmates _____
(2 max--NO GUARANTEES!)

Parent/Guardian _____
Address _____
City _____ State _____ ZIP _____
Emergency # (____) _____
(____) _____

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 _____
City _____ State _____ ZIP _____
Pastor _____
Phone (____) _____

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 or staff member 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 ____ convulsions/seizures
____ diabetes ____ asthma
____ behavioral/emotional considerations

Other health considerations: _____

Current medications: _____

(All medications brought to camp must be in their ORIGINAL CONTAINER with prescribed medications 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