

2008 Camp Registration Form

- Teen Combination**, June 16-21 🌲 ages 14-18 🌲 \$210
 Junior 1, June 23-28 🌲 ages 10-12 🌲 \$205
 Primary, June 30-July 3 🌲 ages 7-9 🌲 \$145
 Junior 2, July 7-12 🌲 ages 10-12 🌲 \$205
 Junior High, July 14-19 🌲 ages 13-14 🌲 \$210
 Senior High, July 21-26 🌲 ages 15-18 🌲 \$210

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 (____) _____

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
- ____ convulsions, seizures
- ____ menstrual problems
- ____ earaches, sore throat
- ____ 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

Camp Selah
 3600 Long Lake Road
 Reading, MI 49274
 (517) 283-2527