

REGISTRATION

FOR CHILDREN HAVING JUST COMPLETED GRADES 3-6

Circle One

Last Name: _____ First Name: _____ M or F

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Grade Just Completed: _____

Father/Guardian: _____

Work Ph: _____ Home Ph: _____

Cell Ph: _____

Mother/Guardian: _____

Work Ph: _____ Home Ph: _____

Cell Ph: _____

Home Church: _____

Cabin Mate Request: 1. _____

(same grade)

2. _____

(We will do our best to meet your request, but it is not guaranteed.)

COST

Base Fee	\$ 245.00	
Grapple Campship Received	\$	SUBTRACT
May 28th - Early Reg Discount (\$25.00)	\$	SUBTRACT
(Payment is not due until June 4th)		
Riding Bus to Camp Y / N (\$10.00)	\$	ADD
All campers will ride bus home	\$ FREE	
TOTAL	\$	DUE BY JUNE 4TH

Make check payable to:

First Baptist Church (FBC)

Everyone has the opportunity to attend camp.

If cost is an issue, please let us know. Assistance may be available.

Please do not allow this to keep you from attending camp.

Deadline for Registration & Payment is June 4th

MEDICAL INFORMATION

IN CASE OF ACCIDENT OR ILLNESS - we will always attempt to notify a parent/guardian immediately.

If a parent/guardian is unavailable, please list an emergency contact person.

Camper's Name: _____	We have a no-Lice/Nit policy. All campers must be checked prior to boarding the bus or upon arrival to camp if driven by parent.
Emergency Contact: _____	Has your child been treated for lice in the last year? Y / N
Phone: _____	If so, when was the last time? _____
Camper Relationship: _____	Is your child taking any medication? *Y / N
*If YES, please fill out the enclosed Medication Card.	

IS CHILD SUBJECT TO: (circle all that apply)

Asthma, Epilepsy, Diabetes, Food Allergies, Hay Fever, Sinus,
Tonsillitis, Heart Conditions, Discharging Ear, Headaches,
Sleep Disorder, Sleep Walking, Bed Wetting
other: _____

Name of Doctor: _____

Phone: _____

Insurance Company: _____

Your child is responsible for brining epi-pen if necessary

Insurance Policy #: _____

Is child allergic to any drugs? _____

Insurance Group #: _____

AGREEMENT TO PARTICIPATE Camping is a vigorous, energetic experience. Participants need to have norman health, strength and endurance. Activities can include walks up to 1 mile, running and exploring, swimming, games of strength, rigorous field and group games, hiking, lake canoeing, various other activities and travel to and from camp site. I/We, the undersigned, recognize that there are risks of injury and/or loss associated with such a camping program. Riverview and Colfax First Baptist's staff make the safety and well-being of each camper a top priority. However, the possibility exists that injuries and/or loss occur. They can range from minor cuts and abrasions to sprained joints, bee-stings, major cuts, concussions, broken bones and even death. With many children and youth together, it is also possible for certain illnesses to transfer from one camper to another. They can range from colds, flu and head lice to strep throat and chicken pox. However, should a camper become sick with a highly contagious illness, that camper will be seperated from the others and will need to be taken home from camp by their parent.

EXPECTATIONS OF THE PARTICIPANT CAMPER Campers need to be in good health. Campers are expected to listen carefully and to obey the rules given at the beginning of camp week and each activity by the person(s) in charge. If this is not followed, the camper will be sent home.

PARENTAL PERMISSION I/We, the undersigned parent(s)/guardian(s) of the registering camper, acknowledge that I/we have read the above paragraphs, have completed the regisration form and medical form fully and truthfully, and give permission for the registering camper to participate in their camp week at Riverview. I/we also give permission to the Camp Director, Health Care Provider or Lifeguard to approve and obtain medical attention necessary to camper's welfare and good health. If such a situation were to occur, the camp will attempt to notify the parents/guardians or other emergency contact as soon as possible. In the case of accident or illness, the participant must pay for any emergency transport and hospital/physician/medical expenses. I/we also give Colfax First Baptist Church permission to use pictures/videos that may be taken of the camper during the camp week for promotional purposes.

Parent(s)/Guardian(s) Signature: _____ Date: _____

Registering Camper's Signature: _____ Date: _____

**This registration form is only valid when all required
information is given and this form is signed.**

**Please
Mail To:**

Jennifer VanTine
1053 VanTine Road | Garfield, WA 99130
c: 509.288.1293 | h: 509.397.9076