

Camp Tapawingo

2010 Registration & Health Form

**Mail Completed Form with Non-refundable Deposit or Full Payment to:
Camp Tapawingo, PO BOX 189 , Falls City, OR 97344**

- Mini Camp: entering Grades 3-4: July 7 – July 10 Junior Camp: entering Grades 5-6: July 11 – July 17
 Middle School Camp: entering Grades 7-9: June 27 – July 3 High School Camp: entering Grade 9-completed 12: June 20-26

First Name: _____ Last Name: _____ M F
Date of Birth: ___ / ___ / _____ Age _____ Entering grade _____
Address: _____ City: _____ State: ___ Zip: _____
Church: _____

Parent(s) / Guardian(s) First Name(s): _____ & _____ Last Name: _____
Address: _____ City: _____ State: ___ Zip: _____
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
Parent E-Mail: _____ *(this address will be used to confirm registration)*

Person to contact in the event that parent/ guardian cannot be reached:

Name: _____ Relationship: _____
Phone number(s) of emergency contact person: _____

I would like to bunk with (please list one name only): _____

T-shirt size (circle one): YS YM YL Adult: S M L XL other: _____

Registration Fees: Mini Camp: \$140 - Junior, Middle School, and High School Camps \$250

Non-refundable Deposit Fee: \$50 Late Registration Fee: \$25

(Registration with deposit or full amount must be postmarked no later than TWO weeks prior to the camp you wish to attend.)

Non-refundable Deposit Enclosed: \$ _____ *(Deposit is applied to the total cost.)* Full registration Fee Enclosed: \$ _____

Health and General History:

Tetanus Booster: ___ / ___ / _____
Please note any activity restrictions for camper: _____

Please identify any medical condition or medical history that would require special attention: _____

If the camper will be taking medications during camp, please indicate name of drug and dosage. All prescription and over-the-counter medications must be in the original container and turned into the camp nurse at time of check-in.

EMERGENCY MEDICATIONS:

My child has permission to carry his/her own emergency medication (rescue inhaler, glucagon, epinephrine) while at camp:

Parent/ guardian signature: _____ date: _____

Allergies (note reaction and treatment): _____

Doctor: _____ Phone: (____) _____ - _____
Dentist: _____ Phone: (____) _____ - _____
Insurance Co: _____ Phone: (____) _____ - _____ ID#: _____

Parent Covenant:

I/we hereby authorize any health care provider(s) selected by the manager of Tapawingo to act as my/our agent in administering first aid, hospitalize, secure proper treatment, order injection, anesthesia, or surgery for my child, as named on this form. I/we acknowledge our financial responsibility for any health care services provided. We agree to pay for all services rendered as the result of any illness or injury sustained during camp. I/we also agree to hold harmless Camp Tapawingo, paid staff, and volunteer staff, from any health care liability as a result of participation in the camp program or health treatment. I further agree that my child can receive over-the-counter remedies (Tylenol, Ibuprofen, Antihistamine, etc.) I give permission for photos/ video of my child to be used by North American Baptist Northwest Association and by Camp Tapawingo in camp related resources and publications. I/we have read this statement and agree with its content. I/we also understand that this is a legally binding document.

Parent/Guardian: _____ Date: ___ / ___ / _____

Please initial here if you **DO NOT** want your child to receive over-the-counter medications if needed while at camp. _____

Camper Covenant:

I, as a camper, make this covenant: I understand and accept that I am under the direction and authority of the assigned leaders of Camp Tapawingo and the Camp I am participating in. I will participate at my highest level. **I agree to remain for the full duration of camp pending any family emergency.** I will not drink alcohol, use any drug (except those that are prescribed to me by a doctor), or any type of tobacco product. I will not use fireworks, foul language, nor participate in any abusive or lewd behavior. I understand that violation of the rules and regulations of camp will result in my immediate expulsion by calling my parents or guardians to pick me up. I will be responsible for any and all damages I cause the camp, or any camper. I understand my registration, release form, and health form must be completed and all funds must be paid in full at the time of registration at camp.

Camper's Signature: _____ Date: ___ / ___ / _____

Every camper must have a "Participation Agreement/ Release Waiver" signed and on file at camp. Please print and complete this form from the camp website (www.camp-tapawingo.com) and return with your camp registration.

Paintball is available at Junior, Middle, and Senior High Camp for \$20 per session
Please check box if applicable: I am planning on playing paintball while I am at camp.

Please complete other side