

**Central Pacific Conference Outdoor Ministries 2010 Summer Camping Program
Registration Packet for Pilgrim Cove and Camp Adams Work, Young Adult and
Family Camps!**

REGISTRATION INSTRUCTIONS:

OPTION ONE: Complete the Registration and Health forms on your computer, attach to e-mail to: campregistration@campadams.org. Use pay pal on camp websites to make a deposit or payment.

OPTION TWO: Print and complete the appropriate Sections and Health Form. Mail both with your deposit or full payment to: Camp Registrar, % Central Pacific Conference, UCC, 0245 SW Bancroft Street, Suite E, Portland, OR 97239.

WHAT HAPPENS WHEN THE REGISTRATION, DEPOSIT OR FULL PAYMENT ARRIVES AT THE CONFERENCE OFFICE? The Camp Registrar will send the "About Me", Transportation/Photo Release, Camp/Camper Covenant Forms and the "Preparation for Camp Kit" to the e-mail address or physical address provided by the parent/guardian.

WHAT DO THE SECTIONS OF THE REGISTRATION FORM INCLUDE?

SECTION ONE: Those wishing to declare the use of a Volunteer Grant will fill out this section. This grant reduces a camp session fee by one-third. Those obtaining a Volunteer Grant may not request a Campership. Volunteer Declaration Deadline: May 15, 2010.

SECTION TWO: Register here for a Work Camp at Camp Adams! Choose one or come to both!

SECTION THREE: Register here for the Young Adult Camp at Camp Adams!

SECTION FOUR: Register here for a Family Camp at Camp Adams!

REGISTRATION DEADLINE FOR ALL CAMPS: JUNE 15, 2010!

IMPORTANT DATES:

1. **MAY 15, 2010:** Volunteer Grant and Campership Program closes. A special gift from the camps awaits campers registered by this date.
2. **MAY 16, 2010:** Registration Fees increase.
3. **JUNE 15, 2010:** Camp registration ends. All camper forms and full payment are to be at the conference office. Camp Rosters are completed. The conference office will send out a follow-up notice to those persons who still need to complete the registration process.
4. **JUNE 15, 2010:** A CANCELLATION before this date will receive a full refund minus a \$10.00 administrative fee and the \$50.00 non-refundable deposit. Certain exceptions will be considered when a family is forced to cancel with two weeks of a camp session. If a Camp Session is cancelled for any reason, a full refund will be granted to registered campers.

ADDITIONAL FORMS ARE FOUND ON THE CAMP WEBSITES

**SECTION ONE: REGISTRATION DEADLINE FOR DECLARING A VOLUNTEER GRANT IS
MAY 15, 2010**

- ONE VOLUNTEER GRANT MAY BE USED BY A VOLUNTEER SERVING IN THE 2010 SUMMER CAMPING PROGRAM OR BY ONE 2010 CAMP ATTENDEE OF THE VOLUNTEER'S CHOOSING.
- A VOLUNTEER GRANT IS EQUAL TO ONE-THIRD OF THE REGISTRATION FEE. DECUCT ONE-THIRD FROM THE FEE.

NAME OF VOLUNTEER:

CAMP SESSION AND POSITION THE VOLUNTEER WILL BE SERVING:

PHONE NUMBER:

E-MAIL:

NAME OF CAMPER RECEIVING THE GRANT:

NAME OF CAMP WHERE THE GRANT IS TO BE APPLIED:

PHONE NUMBER:

E-MAIL:

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SECTION TWO: CAMP ADAMS WORK CAMPS! REGISTRATION DEADLINE: JUNE 15, 2010
(Persons attending this camp are to be 18 years of age or older or be accompanied by an adult 25 years of age or older)

CAMP ADAMS FRIDAY - SUNDAY, JUNE 18 - 20, 2010 (Begins with 6pm dinner. Ends following breakfast)	free	free
CAMP ADAMS SUNDAY - WEDNESDAY, JUNE 20 - 23, 2010 (Begins at 4pm on Wednesday. Ends following breakfast)	free	free

Name:

Address:

City/State/Zip:

Phone:

Second Phone:

E-mail:

JOINING ME AT WORK CAMP WILL BE

Name/Age:

Name/Age:

Name/Age:

Name/Age:

Name/Age:

Name/Age:

SECTION THREE: CAMP ADAMS YOUNG ADULT CAMP

JUNE 23 - 26, 2010 (Attendance at two days of a Work Camp satisfies the registration fee.)
Until 5/15/10: \$150.00 5/16/10 – 6/15/10:\$180.00

Name:

Address:

City/State/Zip:

Phone:

Second Phone:

E-mail

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SECTION FOUR: CAMP ADAMS FAMILY CAMPS! REGISTRATION DEADLINE: JUNE 15, 2010

WEDNESDAY - FRIDAY, JUNE 23 – 26, 2010: 12 & older \$100; 4-11 \$75; 3 & younger free (Not to exceed \$400)

FRIDAY OVERNIGHT, JUNE 25 & 26, 2010: 12 & older \$22; 4-11 \$18; 3 & younger free (Not to exceed \$100)

Name:

Address:

City/State/Zip:

Phone:

Second Phone:

E-mail:

JOINING ME AT FAMILYCAMP WILL BE

Name/Age:

Name/Age:

Name/Age:

Name/Age:

Name/Age:

Name/Age:

INCLUDE THIS FORM WITH YOUR REGISTRATION. ADDITIONAL HEALTH FORMS ARE FOUND ON WEBSITE

Health History Form for the Central Pacific Conference Outdoor Ministries Program		Last Name of Camper:
		Name of Camp:
Camp Adams	Pilgrim Cove	Dates of Camp:

This completed form (front and back) shall accompany the registration form. Attach additional pages if needed. Any changes to this form should be provided to camp health personnel in writing upon participant's arrival in camp.

Camper's Name: _____		Birth Date:
Last	First	Middle
		Gender: Male Female

Address:	City/State/Zip:
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Parent/Guardian Name(s):

Phone: ()	Work/Other Phone: ()
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Address (if desired)	City/State/Zip:
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If parent is not available in case of emergency please notify:

Address	Phone:
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City:	St.	Zip:	Relationship to Camper:
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Does camper have any known allergies? Yes No	Allergies to Medications:
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Food Allergies:	Other Allergies:
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List any dietary restrictions:

Health History: (Y)	Epilepsy or seizures	Frequent ear infections	Menstrual problems
Asthma	Frequent sore throats	Headaches	Bed-wetting
Heart disease	Back pain or strain	Alcohol/drug addiction	Attention Deficit Disorder
Diabetes	OTHER:		

Pertinent past medical treatment:

Is the camper presently taking or using any type of medication(s) or drug(s) YES NO

If yes, specify and complete medication report on the reverse side.

Is the camper current on all immunizations needed for school YES NO

Date of last Tetanus shot:	Blood Type (If known):
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Does the camper have a health condition (e.g. allergies, chronic conditions) or special circumstances which may affect program participation, special housing need or anything we ought to know prior to emergency treatment? YES NO

If yes, please explain:

Family Medical Insurance..... YES NO **Name of Insured:**

Carrier:	Group #:	Policy #:
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Name of family physician:	Phone Number: ()
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Parent/Guardian Authorization:

My child has permission to take part in all camp activities under supervision unless limitations are noted above and I agree that the camp or camp personnel will not be held responsible for accidents arising there from. I hereby give permission to the camp to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed health form may be photocopied for trips out of camp.

Signature of parent/guardian at nurses table:	Date:
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INCLUDE THIS FORM WITH YOUR REGISTRATION

PERMISSION TO ADMINISTER MEDICATIONS

I, _____, the parent or guardian of _____ give my permission to the camp Health Care Provider or his/her designee to give the following medications (or their generic equivalents) to my child, in accordance with recommended package dosing for the specific indications below. These medications are available at camps and need not be brought by participants.

Medication	Yes (T)	No (T)	Medication	Yes (T)	No (T)
Tylenol: Mild fever or discomforts			Benadryl Allergy Symptoms		
Ibuprofen: Mild fever or discomforts			Antacid: Upset stomach		
Throat Lozenges: Cough/sore throat			Anti-diarrheal: for diarrhea		
Topical Creams: Itching, sunburn, or insect bites.			Permission to follow recommendations by Oregon Poison Control.		

Signature of parent/guardian: _____

Date: _____

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original package/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Med #1:	Dosage:	Specific times taken each day:
Reason for taking:		
Med #2:	Dosage:	Specific times taken each day:
Reason for taking:		
Med #3:	Dosage:	Specific times taken each day:
Reason for taking:		
Med #4:	Dosage:	Specific times taken each day:
Reason for taking:		
Med #5:	Dosage:	Specific times taken each day:
Reason for taking:		

ALL MEDICATIONS BROUGHT TO CAMP MUST BE IN ORIGINAL CONTAINERS

NOTE: The camp personnel will notify you if your child displays the following symptoms:

- Any illness that persists longer than 24 hours: including fevers, coughs, excess expulsion of bodily fluids, allergic reactions, and severe tiredness.
- Any injury that causes severe prolonged pain, discoloring and/or swelling
- Any condition that cannot be sufficiently treated by camp personnel.
- Any condition requiring transport to other medical services.

UPON CAMPER CHECK-IN

Health History Form Verified:	Date:	by (Initials):
Health History Form Updated:	Date:	by (Initials):

Additional information the nurse needs to be aware of:
