

Central Pacific Conference Outdoor Ministries
2010 Summer Camping Program Children and Youth Camps
Registration Packet for Pilgrim Cove and Camp Adams

Use this registration packet if you are NOT seeking financial assistance from your church or conference.

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: Provide camper, parent or guardian contact information. A parent or guardian of campers 17 and younger is to register for their camper. All correspondence will be sent to the parent or guardian of a minor. This is where you declare your choice of a cabin mate(s). A camper has the opportunity to request up to two cabin mates. Camp Session Directors have the discretion to exercise their best judgment in cabin assignments so cabin mate requests can not be guaranteed.

SECTION THREE: What grade the camper completes in the spring of 2010 determines the camp session they attend. Place an "X" next to the desired camp session. If you are a first time camper include the friend's name, if any, who invited you. A special gift awaits you at camp.

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. DEDUCT 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:

SECTION TWO**PILGRIM COVE AND CAMP ADAMS CHILDREN AND YOUTH REGISTRATION****CAMPER INFORMATION**

CAMPER NAME:

BIRTH DATE:

ADDRESS:

GRADE JUST COMPLETED:

CITY:

STATE:

ZIP:

E-MAIL:

CABIN MATE REQUEST (1):

CABIN MATE REQUEST (2):

**PARENT/GUARDIAN CONTACT INFORMATION of CAMPER 17 YEARS OF AGE AND YOUNGER
(ALL CORRESPONDENCE WILL BE SENT TO THIS PERSON)**

PARENT/GUARDIAN NAME:

E-MAIL:

ADDRESS:

PHONE:

CITY:

STATE:

ZIP:

2ND PHONE:**SECTION THREE****MARK THE CAMP SESSION WHICH IDENTIFIES THE GRADE COMPLETE IN THE SPRING OF 2010**

§	CAMP ADAMS CAMP SESSION NAMES	FEE	5/16/10	DATES OF CAMP
	2 ND & 3 RD GRADES "Genesis"	\$270.00	\$300.00	JUNE 27 - JULY 3
	6 TH & 7 TH GRADES "Discoverers"	\$270.00	\$300.00	JULY 4 - JULY 10
	4 TH & 5 TH GRADES "Pathfinders"	\$270.00	\$300.00	JULY 11 - JULY 17
	7 TH AND 8 TH GRADES "Sojourners"	\$270.00	\$300.00	JULY 18 - JULY 24
	9 TH - 12 TH GRADES "Exodus"	\$270.00	\$300.00	JULY 25 - JULY 31
	<i>I am a first time camper and I will be the guest of:</i>			
§	PILGRIM COVE CAMP SESSION NAMES	FEE	5/16/10	DATES OF CAMP
	2 ND - 5 TH GRADES "PILGRIMS"	\$270.00	\$300.00	JULY 11 - JULY 17
	6 TH - 8 TH GRADES "SOJOURNERS"	\$270.00	\$300.00	JULY 11 - JULY 17
	9 TH - 12 TH GRADES "EXODUS"	\$270.00	\$300.00	JULY 17 - JULY 22

	<i>I am a first time camper and I will be the guest of:</i>
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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:	
City:	St.	Zip:	Relationship to Camper:

Does camper have any known allergies? Yes No Allergies to Medications:

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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