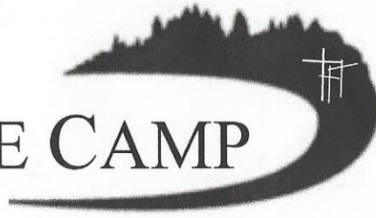


PILGRIM COVE CAMP

McCall, Idaho



Pilgrim Cove Camp - Summer Camp

Registration Form

We are NOT using on-line registration for 2017

(Print and mail for to Pilgrim Cove Camp

PO Box 867, McCall, ID 83687)

July 9th – 15th, 2017

Camper Name (last, first)	Nickname	Birth Date	Gender
T-shirt Size: Youth / Adult S / M / L / XL / 2x	Grade Just Completed:	Church Affiliation	

Street Address	City	State, Zip

	Parent / Guardian 1	Parent / Guardian 2
Name:		
Address: (if different from above)		
Cell Phone #		
Email Address		

Which Session are you registering for?

_____ **Pilgrims:** (just completed 2nd through 5th grades)

_____ **Sojourners:** (just completed 6th through 8th grades)

_____ **Exodus:** (just completed 9th through 12th grades)

Summer Camp – Health Form

Camper Name: _____ Age: _____ Birthdate: _____

Address: _____
Street, City, State, Zip

In Case of Emergency, please contact: (Please list one adult who is NOT a parent/guardian)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Medical Insurance Carrier: _____ Policy #: _____

PLEASE ATTACH A PHOTO COPY (front and back) OF THE CAMPER'S INSURANCE CARD

Health History

Date of last Tetanus Booster: _____

<u>Yes</u>	<u>No</u>	<u>Condition</u>	<u>Explanation</u>
		Asthma	
		Diabetes	
		Hypertension	
		Heart Problems	
		Respiratory Problems	
		Ear/Sinus Problems	
		Muscular/Skeletal Condition	
		Menstrual Problems	

<u>Yes</u>	<u>No</u>	<u>Condition</u>	<u>Explanation</u>
		Psychiatric/Emotional Issues	
		Bleeding Disorder	
		Fainting Spells	
		Thyroid Disease	
		Kidney Disease	
		Seizures / What Type	
		Sleep Disorders	
		Abdominal/Digestive Problems	
		Injury?	
		Other?	

Allergies:

Is the Camper allergic to Bee/Wasp stings or bites? _____ If so, how should the camper be treated if stung or bit?

Medication Allergies: Please list any/all medications and the nature of the reaction:

Food Allergies: Please list all food allergies and the nature of the reaction:

Other Allergies:

List any Dietary Restrictions:

Vegetarian (specify what type – we cannot accommodate a Vegan diet) _____

Gluten Free: _____ Lactose Intolerant: _____

Please provide any other information (not listed above or below) you feel will help us, help the camper have a successful camp experience.

Medication:

I give permission for over the counter treatments to be given to my child. (Tylenol, Ibuprofen, Topical Creams, Allergy Medication, Antacid, Anti-diarrheal, Cold Medication, Sunscreen, Bug Spray) Yes: _____ No: _____

Does the camper take medication regularly? Yes _____ No _____

Will the camper take medication during Camp? Yes _____ No _____

Please list all prescriptions and over the counter medications you child will be bring and taking at Camp. Inhalers and EpiPen information must be included even if they are for occasional or emergency use only.

1. _____ Dosage: _____

2. _____ Dosage: _____

3. _____ Dosage: _____

4. _____ Dosage: _____

5. _____ Dosage: _____

Please send enough medication to last the entire time at camp. ALL MEDICATION BROUGHT TO CAMP MUST BE IN ORIGINAL CONTAINERS WITH RX LABELS & CAMPER NAME CLEARLY ATTACHED.

[Type text]



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 and over the counter medications and seek emergency medical treatment. 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.

****Please Note:** Any and all medications must be submitted to the Camp Staff. Campers are not to have medications, prescription or over the counter in their possession while on camp grounds.

Signature of Parent / Guardian: _____

Date: _____

Summer Camp-Camper Pick-up Authorization Form

SECTION I: To be completed before camp by parents/guardians/caregivers:

Campers will ONLY be released, at the end of camp or for any other, reason to the people designated on this list. ALL persons designated MUST present a valid photo identification form in order to pick up campers.

Parents/Guardians/Caregivers: please include yourselves when completing this form.

Name of Camper: _____

Authorized Adult to pick up camper: _____

Authorized Adult to pick up camper: _____

Authorized Adult to pick up camper: _____

Authorized Adult to pick up camper: _____

[Type text]



Media Release Form

Full Name of Camper: _____

I authorize the camp photographer (and camp staff) to take and post photos on the camp and conference websites, Facebook, and Instagram pages and other forms of Social Media.

(Please Note: Camp photos are NOT labeled with camper names or other identifying information.)

Yes my child may: _____ NO MY CHILD MAY NOT: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

[Type text]



Camper Registration Fees:

Camp registration fees for 2017 are \$350.00 per person. You can pay with Check, Cash or with a card (Online or in person at the time of registration). All fees must be paid before your child starts camp.

Please mail your registration fee along with your payment to

Pilgrim Cove Camp
C/O UCC Youth Camp
P.O. Box 867
McCall, ID 83638

If you would like to pay with a debit/credit card: you may do so in person or online at the Pilgrim Cove Camp

Website: <http://www.pilgrimcovecamp.org/donations-via-paypal/>

Please add a note that this payment is for UCC Youth Camp and the Camper's name.

Local UCC Church Scholarships:

As Pastor of the local church specified above, I pledge financial support in the amount of \$_____ towards the camp registration fees of the camper specified above.

Pastor Name (please print): _____

Local Church Name: _____

Pastor's Signature: _____ Date: _____

**There will be a number of limited number of scholarships from the *Central Pacific Conference*. More details about those can be obtained from your local UCC church pastor.