

YOUTH CAMP & RETREAT REGISTRATION FORM

Please register and pay online at <https://gpnwCofC.eventbrite.com> (no online transaction fees)
by the Early Bird or Regular Deadline.

YOUTH CAMP SELECTION – CHECK ONE PER FORM					
Kids Camps:		<input type="checkbox"/> Kids Camp @ Remote	<input type="checkbox"/> Mungai @ Samish		
Jr. High Camps:		<input type="checkbox"/> Atsaken @ Samish	<input type="checkbox"/> Jr. High Camp @ Remote	<input type="checkbox"/> Jr. High Camp @ Lewis River	
Sr. High Camps:		<input type="checkbox"/> Sr. High Camp @ Remote	<input type="checkbox"/> Kimtah @ Samish	<input type="checkbox"/> Fall Youth Retreat @ Lewis River	
Other - Name/Date/Location of Retreat/Activity:					
REGISTRATION INFORMATION					
Legal Name: _____		Sex:	Gender Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her		
Preferred Name: _____		<input type="checkbox"/> Male	<input type="checkbox"/> They/Them <input type="checkbox"/> Prefer Not To Answer		
		<input type="checkbox"/> Female	<i>If participant has a non-binary gender identity, please contact the camp director to explore how we can be welcoming and inclusive.</i>		
Camper's home phone:		Camper's cell phone:		Camper's email:	
Address:		City:		State/Province:	Zip:
Grade completed this year:		Age:	Date of Birth:		
Home Congregation:			Roommate preference:		
GPNW FINANCIAL INFORMATION <i>(Make separate checks for separate camps, payable to "Community of Christ.")</i>					
<input type="checkbox"/> I am using the Two-for-One discount. First-time friend's name: _____					
<input type="checkbox"/> My congregation is helping to pay for part, or all, of my registration fee. (Attach Financial Aid Form.)					
<input type="checkbox"/> I am applying for GPNW Mission Center financial assistance. (Attach Financial Aid Form.)					
PARENT/LEGAL GUARDIAN CONTACT INFORMATION					
Name of parent/guardian 1:			Name of parent/guardian 2:		
Work phone:		Cell phone:	Work phone:		Cell phone:
Parent email:			Parent email:		
I hereby give permission for the following people, other than parents/guardians listed above, to pick up camper (please list):					
EMERGENCY INFORMATION <i>(These persons will be contacted if parents/guardians are not available.)</i>					
Name 1:			Name 2:		
Relationship:			Relationship:		
Phone (cell preferred):			Phone (cell preferred):		
MEDICAL INFORMATION <i>(Confidential: Directors, will destroy all medical information after the close of camp.)</i>					
Is camper vaccinated for COVID-19? <i>(Vaccination is not required for participation)</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is camper boosted for COVID-19? <i>(Vaccination is not required for participation)</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is camper allergic to any foods, latex, medications, etc.? If yes, please explain:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is camper currently under a physician's care for any acute or chronic medical condition? If yes, please explain:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is camper currently taking any medications? If yes, please list (include dosage instructions or attach a list with this form):					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does camper have any physical, emotional, medical, or psychological conditions or restrictions? If yes, please list (or attach additional information):					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has camper had any recent/major emotional upset, illness, injury, surgery, or exposure to contagious disease? If yes, please describe (include dates or attach additional information):					<input type="checkbox"/> Yes <input type="checkbox"/> No
Please check any of the following that apply to camper: <input type="checkbox"/> Homesickness <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Sleepwalking					
Does camper have any special dietary requirements? <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten-free <input type="checkbox"/> Dairy-free					
Date of last tetanus vaccination:			Girls: Has menstruation begun?		<input type="checkbox"/> Yes <input type="checkbox"/> No
			If no, have they been told about it?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal physician:			Physician's phone:		
Health insurance provider:			Health insurance provider phone:		
Policy holder's name:			Policy #:		Group #:

CONSENT AND RELEASE

Please read each of the following statements and sign this registration form. Your signature indicates your consent.

Camper Expectations

I have shared the following expectations with my child, and they commit to fulfilling them. I understand that failing to follow them may result in my child being sent home. If that happens, I will be responsible for immediately picking up my child from camp or making arrangements for this to occur in a timely manner.

1. Attend the entire camp without interruption, unless the director and parent/legal guardian approves special circumstances.
2. Live by the rules, schedules, and purposes of the camp including participation in work assignments.
3. Live by the health, safety and property care rules of the campground.
4. Leave all large electronics at home and follow the rules for the use of smaller electronics as set by the camp director.
5. Not possess or use tobacco products, marijuana, alcohol, or illegal drugs at camp.
6. Be courteous and respectful of others and their property. This includes refraining from engaging in pranks, especially those that embarrass others and/or harm personal property or campground property.
7. Use appropriate language that respects the worth of all people.
8. Dress in an appropriate way that maintains personal dignity and the dignity of others.
9. Do your best to be a good camper and make the camp a positive experience for all campers and staff.
10. Follow any COVID-19 guidelines posted or announced by the Camp Director(s) and Campground Staff.

Consent to Medical Treatment

I give permission to Community of Christ to transport my child to a physician or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I will assume the responsibility for payment of all expenses and bills resulting from medical treatment. In an emergency, the information contained in this document may be released to qualified medical personnel. Community of Christ personnel may administer prescription and over the counter medication as needed during the Event.

Consent to Participate in Event Activities

I specifically consent to my child's participation in activities offered by this camp, including, but not limited to, camping, boating, canoeing, swimming, hiking, body surfing and sporting activities. I certify that my child has the necessary skills to participate in any of the approved activities. (If boating is approved, the camper can swim.) **I specifically DO NOT want my child to participate in the following activities:**

Transportation Consent

I understand that some activities involved in by this camp may require travel to other locations. I understand that all transportation during this youth camp will be provided by camp staff or people designated by them and that all drivers of vehicles will be licensed and over the age of 21. I understand that most transportation will be in privately owned vehicles that are in good condition and considered safe.

Waiver and Release of Liability

I acknowledge that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for my child being accepted for participation in this event, I hereby release forever, discharge, and agree to hold harmless Community of Christ, the camp, and the directors thereof from any and all liability, claims, or damage for personal injury, illness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred while my child is participating in this event. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreating and work activities involved therein. Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food, lodging for my child. I further agree to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of negligent, willful or intentional acts of my child, including expenses incurred attendant thereto.

Photo Release

I hereby give consent to and authorize the taking of photographic, audio or video recordings in which my child may appear; and hereby waive all right of privacy in and to any of said pictures or tapes and authorize the use of the recordings by Community of Christ for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

STATEMENT OF CONSENT AND RELEASE

I, the undersigned, and on behalf of my child listed on this form, or with permission to register from their parent/legal guardian, verify that the rules, guidelines, and releases specified on this form have been read, understood, and consented to. I, the undersigned, verify that I/we (their parent/legal guardian) understand that not following the printed or announced rules and reminders of camp may result in my child being asked to leave the camp experience.

X Parent/Guardian Signature:

Date: