



OFFICE USE ONLY	
Last Name: _____	First Name: _____
Registration: _____	

**2010 CAMP YAMHILL REGISTRATION & MEDICAL RELEASE FORM**

**CAMPER INFORMATION**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Male:  Female:

Parent/Guardian: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Home Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cabin Mates Requested (up to 2): \_\_\_\_\_ Adult Shirt Size: \_\_\_\_\_

**MEDICAL INFORMATION**

Please list any allergies camper may have including food allergies: \_\_\_\_\_

Please list any special needs or medical conditions (special diet, asthma, diabetes, etc.): \_\_\_\_\_

\_\_\_\_\_

\*Please list any medication, along with dosage and schedule: \_\_\_\_\_

\_\_\_\_\_

\*All medication must be given to and dispensed by the Camp Nurse. Exceptions may be made on an individual basis for medications such as an epipen or a self-administered inhaler.

Immunization Record: Hepatitis B: \_\_\_\_\_ DTP: \_\_\_\_\_ Chicken Pox: \_\_\_\_\_

Tetanus: \_\_\_\_\_ Polio: \_\_\_\_\_ MMR: \_\_\_\_\_ Hepatitis A: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

**PLEASE CIRCLE ONE:**

Camper Registration Fee: _____	Pre Teen (Grades 3 & 4) July 18th-23th \$249
Sibling Discount (-\$10 each child after first child): _____	Sub Teen (Grades 5 & 6) June 27th-July 2nd \$249
Early Registration Discount by May 15: (-\$34) _____	Jr. Teen (Grades 7 & 8) July 11th-17th \$259
YES! I want to donate: _____	Sr Teen (Grades 9-12) June 20th-26th \$259
<b>TOTAL:</b> _____	Challenge Camp I (Ages 10-13) July 6th-10th \$269
	Challenge Camp II (Ages 14-18) July 6th-10th \$269

**CAMPER REGISTRATION FEE includes the cost of food, lodging, and a camp t-shirt.**

Authority is hereby granted to Camp Yamhill to place \_\_\_\_\_ (camper name) in the care of a legally qualified doctor, dentist, and/or hospital when in the Corporation's opinion it is necessary or the best option. Camp Yamhill is released from any liability in connection with the afore-named camper, except as covered by camp liability insurance. I agree that camp fees will be paid prior to my child attending the camp session and not refunded if my child leaves camp early for any reason other than sickness. I understand camp conduct policies as described at [www.campyamhill.org](http://www.campyamhill.org) and my child agrees to adhere by them. I agree that Camp Yamhill will not be held responsible if any of my child's property is lost, stolen or damaged during camp. I further consent to my child being photographed for purposes of recording the camp experience, that these photographs may be used on the camp's website or for other publicity purposes. I understand that my child will not be identified by name in any publication.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirm by email:  Y  N Email Address: \_\_\_\_\_