



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: _____ 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 #: _____

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

YULS Registration Fee: \$120
Payment Method: _____
Scholarship: _____
TOTAL: _____

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 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: _____