



SUNBREAK CAMP
JULY 28-AUGUST 1, 2008
Health/Registration Form

Office use CS CK RD

Camp Fee: \$130 till June 27 \$150 June 28 – July 18 \$160 after July 18
\$20 deposit due with registration. Remainder due first day of camp 28July08

(Please Print) Amount Enclosed \$ _____ I will pay the remaining \$ _____ no later than 28JULY

Name of Camper _____

Date of Birth _____ Age _____ Grade (Fall 2008) _____
month / day / year

Address _____

City _____ State _____ Zip _____

Phone Number (____) _____ Email: _____
Sex _____ Height _____ Weight _____

EMERGENCY CONTACT PERSON: (Parent/Guardian)

Parent/Guardian
Name _____

Phone Number Home (____) _____ Work (____) _____

Address _____

City _____ State _____ Zip _____

ALTERNATE CONTACT PERSON: (Use someone near the primary contact)

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number Home (____) _____ Work (____) _____

If you have medical insurance, your carrier will billed for medical charges in the case of illness or injury while your child is at camp.

Do you have health insurance? Yes ___ No ___

Name of insurance company _____

Policy Number _____ Group Number _____

In whose name is the insurance? _____

Family Doctor _____ City _____
Phone Number _____

HEALTH HISTORY:

Pre-existing or present medical conditions _____

Name and dosage of any medications that must be taken

Any allergies?

Allergies to medications?

____ Hay Fever ____ Heart Conditions ____ Diabetes ____ Insect Stings
____ Epilepsy/Nervous Disorders ____ Asthma ____ Frequent Stomach Upsets
____ Physical Handicap ____ Any major illness in the last year?

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions)

Date of last tetanus shot _____ Contact Lenses? _____
Any activity restrictions? Yes ____ No ____ What? _____
Any swimming restrictions? Yes ____ No ____ What? _____

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during activity dates shown on this form, I hereby give my permission to the physicians or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by the Sunbreak Missionary Baptist Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Sunbreak Missionary Baptist Church, its leaders, employees, volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian

Signature _____ Date _____

If your child should require medical attention for injuries received or illness contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with us.

SUNBREAK MISSIONARY BAPTIST CHURCH SUMMER CAMP
JULY 28 – AUGUST 1, 2008
CODE OF BEHAVIOR AGREEMENT

PLEASE PRINT:

Name of Camper _____ Age: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

The above mentioned subject will be camping at Panhandle Lake Camp Shelton, Washington Monday, July 30-Friday August 3, 2006. Campers must be dropped off Monday morning July 28 between 10:30-11:30am at the church (7722 Yelm Hwy Olympia) with a sack lunch. Campers will be ready for pick up no later than 12:00pm on Friday, August 1. Meals will be provided from Monday night dinner through Friday morning breakfast. Campers will participate in various indoor and outdoor activities. Adult supervision will be in place during all activities. The campers will be divided at night into their own age groups in the outdoor covered cabins. Campers are expected to be with their cabin group at all times. All activities must be supervised by the cabin counselor or another appointed adult. Cabins are open to the outdoors and each camper should bring warm clothes, warm sleeping bag, blankets, sleeping mat, pillow, etc. Campers must be in their cabins at curfew time every night. Parents may contact the camp kitchen at 360-426-6323. Please only use this number in extreme circumstances.

Listed below are some of the activities we have planned to offer the students during camp.

- canoeing
- playing in sports
- boating
- swimming in a lake
- fishing
- hiking
- participating in
- playing in sports
- group activities

RULES OF BEHAVIOR OF EACH CAMPER

1. No alcohol, drugs or smoking is permitted (prescription drugs need to be held by camp nurse)
2. No weapons (including knives)
3. Attendance at meetings is mandatory
4. No boys in girls sleeping quarters/ No girls in boys
5. Must follow curfew
6. Follow any rules and obey leaders
7. No inappropriate/foul language

PARENT AND STUDENT RELEASE STATEMENT:

As parent/legal guardian of _____, I have reviewed the information about the summer camp activity/event and give my permission for the subject of this release to be involved in the overall activities and in the specific activities that are listed above.

I/We have reviewed these rules of the activity and agree that the subject of this release will abide by them. I/We also acknowledge that if the subject of this release has to return home early for discipline violations, it will be at my/our expense.

I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subjects of this release during camp to be used, distributed, or shown as Sunbreak Missionary Baptist Church sees fit.

I/We understand all reasonable safety precautions will be taken at all times by the Sunbreak Missionary Baptist Church and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Sunbreak Missionary Baptist Church, its leaders, employees, and volunteer staff liable for damage, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____

Camper Signature _____ Date _____