

Registration for Middle School Camp

(going into 6th through going into 9th)

Camp Date: July 9 – 13

Cost: Early Bird (June 10) \$240 // Regular (July 1st) \$270 // Late (past July 1st) \$300

Check In / Departure: Check in is July 9th at 3pm at camp // Departure is July 13th at 10am from camp

All other info at pacificecna.org

Gender: Male or Female Grade (Fall of 2018) _____ Birth date ___/___/___

Camper Name _____

Church Name _____

Home Address _____

City _____ State _____ Zip _____

Parent/Guardian Name(s): _____

Home Phone: _____ Guardian Cell _____

Alternate Emergency Contact and # (different than above) _____

Primary Care Physician/Doctor & Number: _____

Insurance Carrier and Policy/ID: _____ / _____

Date of last Tetanus shot: _____ / _____ / _____

Allergies/Food Intolerance to: (Please be specific and use back if needed)

Medications now taking: (please use the back if needed)

Necessary medical history: (handicaps, surgeries, illnesses, recent health issues, etc. please use back if needed)

Permission and medical release

I/We the undersigned have legal custody of the camper named above, a minor, and have given our consent for him/her to attend events being organized by the Evangelical Church. I/We understand there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Evangelical Church, its pastors, employees, agents, and volunteers from any and all liability for an injury, loss or damage to persons or property that may occur during the course of my/our minors involvement. In the event that he/she is injured and requires attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by the licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the evangelical church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the camper named above. I/We also agree to bring my/our minor home at my/our own expense should they become ill or deemed necessary but the conference camp staff member.

Parent/Guardian Signature

Date

Give completed form and money to your local youth pastor OR mail to:

Pastor Josh Shelton

PO Box 10 Oregon City, OR 97045