

2010 Arrah Wanna Summer Camp Registration Form

Please fill in ALL information completely in order to be registered properly & send with \$25.00 deposit to:

Camp Arrah Wanna 24075 E Arrah Wanna Blvd. Welches, OR 97067
Office: 503.622.3189 Fax: 503.622.1229

___ **High School Camp:** August 1 - 6 ~ \$220 by July 12th ~ \$230 between **July 13 - 26th, 2010**
___ **Middle School Camp:** August 8 - 13 ~ \$220 by July 19th ~ \$230 between **July 20-August 2nd, 2010**
___ **Elementary Camp:** August 16 - 20 ~ \$195 by July 26th ~ \$205 between **July 27-August 9th, 2010**
___ **Primary Camp:** August 16 - 18 ~ \$100 by July 26th ~ \$110 between **July 27-August 9th, 2010**
(See 2010 General Information sheet for other registration discounts on www.camparrahwanna.org)

Name: _____ *DOB (mm/dd/yy): _____
Last First MI

Mailing Address: _____

Gender: ___ Male ___ Female Grade Completed: _____ *Church: _____

**Amount covered by church: _____ **Church Rep. Signature: _____

If camper will receive a church scholarship, please do not submit without first noting scholarship amount

Parent/Guardian: _____ Parent Email: _____

Cell:(____) _____ Home:(____) _____ Work/Other:(____) _____

Secondary Contact: _____ Phone: (____) _____

Cabin Buddy and/or Counselor Request _____

**We need bus transportation (circle one): YES NO If yes, where from? Springfield / Salem / Portland

Please initial here if you DO NOT want your child's photo to be used in promotional material: _____

I give permission for my child to participate in, and be transported to and from, all programmed activities planned by Camp Arrah Wanna, both on and off camp premises. I understand that my insurance will be billed first for any accidents or illnesses. My child's likeness may be used in camp publicity unless I signify otherwise by initialing above.

**Signature of Parent/Guardian: _____ Date: _____
MUST have Parent/Guardian signature if camper is under 18 years old.

Office use Only - DR: _____ ERD: _____ SD: _____ TAD: _____ CS: _____ AP: _____ CHBD: _____ CABD: _____

2010 Summer Camp Health Information

Name: _____ DOB (mm/dd/yy): _____
Last First MI

Insurance Co: _____ Group #: _____

Name of Insured: _____ Policy #: _____

Last Tetanus shot: _____ Is CAMPER up-to-date on Immunizations? ___ Yes ___ No

Is CAMPER subject to (circle all that apply): ADD/ADHD (on/off meds); Seizures; Allergies; Asthma; Diabetes; Bedwetting; Ear infections; Other: _____

Known food/drug allergies: _____

Any cares/concerns for our camp staff: _____

Medications (must be checked in with AW medical staff): _____

Camp Nurse/Medic may administer OTC fever/pain meds to my child (Tylenol, Advil, Etc.): ___ Yes ___ No

I, the parent or legal guardian of the above camper, certify that all the health history info that I have provided is accurate and up-to-date. I hereby give permission to the medical personnel selected by Camp Arrah Wanna to order x-rays and routine tests. In the case of an emergency, I understand that an effort will be made to contact me. If I cannot be reached, I give permission to the selected physician to hospitalize, secure treatment, and order injections/surgery for the child named above. I give permission for the camp medical personnel to treat minor illness or injury with the appropriate non-prescription drug. If I object to this statement I understand I must submit a separate written explanation with the registration form. I understand that my insurance will be billed first for accidents and illnesses.

**Signature of Parent/Guardian: _____ Date: _____