

Camp Tapawingo

2009 Registration & Health Form

**Mail Completed Form with Deposit or Full Payment to:
Camp Tapawingo, PO BOX 189, Falls City, OR 97344**

- Mini Camp for Grades 3-4: June 28- July 1 Junior Camp Grades 5-6: July 12-18
 Middle School Camp Grades 7-9: July 5 – 11 High School Camp Grades 9– completed 12: June 21-27

First Name: _____ Last Name: _____ Date of Birth: ___/___/____ M F

Address: _____ City: _____ State: _____ Zip: _____

Parent(s) / Guardian(s) First Name(s): _____ & _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Parent E-Mail: _____ *(this address will be used to confirm registration)*

Church: _____

I would like to bunk with (please list one name only): _____

T-shirt size (circle one): YS YM YL Adult: S M L XL other: _____

Registration Fees: Mini Camp: \$140; Junior, Middle School, and High School Camps \$250

Deposit Fee: \$50 Late Registration Fee: \$25

(Registration with deposit or full amount must be postmarked no later than TWO weeks prior to the camp you wish to attend.)

Registration Fee: \$_____ Deposit Enclosed: \$_____ *(Deposit is applied to the total cost.)*

Should I experience a health care emergency, please contact one of the following:

Name: _____ Relationship: _____

Daytime Phone: (____) ____ - _____ Evening Phone: (____) ____ - _____ Cell: (____) ____ - _____

Doctor: _____ Phone: (____) ____ - _____

Dentist: _____ Phone: (____) ____ - _____

Insurance Co: _____ Phone: (____) ____ - _____ ID#: _____

Tetanus Booster: ___/___/____ Allergies, Reactions & Treatments _____

(All prescriptions and over the counter medications must be in the original container and turned in at the time of check-in.)

Please initial to authorize the following over-the-counter medications to be administered by camp nurse or supervisor as needed:

Tylenol: _____ Ibuprofen: _____ Antihistamine: _____ Cough Drops/ Syrup: _____

Antibiotic Ointment: _____ Antacid: _____ Imodium: _____ Sunscreen: _____

Describe previous illnesses, injuries, or surgeries that may limit participation in camp activities: (Include another page if needed)

I give permission for our photos to be used by North American Baptist Northwest Association and by Camp Tapawingo in camp related resources and publications (i.e. Posters, PowerPoint, Website, Bulletin, etc.).

Signed: _____ Date: _____

Please complete other side

Parent Covenant:

I/we hereby authorize any health care provider(s) selected by the manager of Tapawingo to act as my/our agent in administering first aid, hospitalize, secure proper treatment, order injection, anesthesia, or surgery for my child, as named on this form. I/we acknowledge our financial responsibility for any health care services provided. We agree to pay for all services rendered as the result of any illness or injury sustained during camp. I/we also agree to hold harmless Camp Tapawingo, paid staff, and volunteer staff, from any health care liability as a result of participation in the camp program or health treatment. I/we have read this statement and agree with its content. I/we also understand that this is a legally binding document.

Parent/Guardian: _____

Date: ___ / ___ / _____

Camper Covenant:

I, as a camper, make this covenant: I understand and accept that I am under the direction and authority of the assigned leaders of Camp Tapawingo and the Camp I am participating in. I will participate at my highest level. **I agree to remain for the full duration of camp pending any family emergency.** I will not drink alcohol, use any drug (except those that are prescribed to me by a doctor), or any type of tobacco product. I will not use fireworks, foul language, nor participate in any abusive or lewd behavior. I understand that violation of the rules and regulations of camp will result in my immediate expulsion by calling my parents or guardians to pick me up. I will be responsible for any and all damages I cause the camp, or any camper. I understand my registration, release form, and health form must be completed and all funds must be paid in full at the time of registration at camp.

Camper's Signature: _____

Date: ___ / ___ / _____

RELEASE AND HOLD HARMLESS AGREEMENT FOR PAINTBALL ACTIVITIES

(This activity is for Junior, Middle School and High School only and is \$20 for one session)

The Participant signing below assumes the unavoidable risks inherent in all paintball-related activities, including but not limited to bodily injury, serious physical harm, blindness, and death to Participant and spectator.

In consideration, therefore, for the privilege of participating in paintball activities at Camp Tapawingo, located at 22505 Black Rock Road, Falls City, Oregon 97344, the Participant, and if Participant is a minor, their Parent does hereby agree to hold harmless and indemnify the Central Pacific Association and the Camp Tapawingo Board of Directors, owners of the above-referenced property and their employees, and further release them from any liability or responsibility for accident, damage, injury, illness, or death to the Participant or damage to any paintball equipment owned by the Participant or accident, damage, injury, illness, or death to any family member or spectator accompanying the Participant on the premises. This release shall be binding upon the distributees, heirs, next of kin, executors, administrators, and personal representatives of the Participant.

If Participant is a minor, Participant is required to wear an approved safety face guard or approved face shield and have Participant's parent or guardian sign this agreement.

I have read the above release and hold harmless agreement and by signing below I agree to its terms in there entirety.

Signature: _____+_____

Date: ___ / ___ / _____

Please complete other side