

# COVE

## CHRISTIAN CAMP

## 2017 Camper Application Form

### Step 1

Choose Your Camp: Winter Camp by Current Grade, all others by last grade completed.

Camp Attending (please mark)	Dates	Fees	Early Bird	
<input type="checkbox"/> Winter (6-12)	1/13-16	\$135	Dec. 30	\$100
<input type="checkbox"/> Grade 7-12	6/18-24	\$200	June 4	\$175
<input type="checkbox"/> Grade 5 & 6	7/16-22	\$200	July 2	\$175
<input type="checkbox"/> Grade 3 & 4	7/23-27	\$180	July 9	\$155
<input type="checkbox"/> Grade 1 & 2	6/25-27	\$115	June 11	\$ 90

### Step 2

Fill in Financial Information

Amount Due \$ \_\_\_\_\_  
(If applying Camper of the Week award, please attach copy)

**Make checks payable to:** Cove Christian Camp  
**Mail to:** P.O. Box 3352, La Grande, OR 97850

### Step 3

Fill in Personal Information

Please **Print** Clearly

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ (Circle one) Male Female Age \_\_\_\_\_

E-mail \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ \*\*Last Grade Completed \_\_\_\_\_

\*\*Winter Camp/current grade \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Home Church \_\_\_\_\_ Denomination \_\_\_\_\_ Date of baptism \_\_\_\_/\_\_\_\_/\_\_\_\_

### CAMPER PICK-UP INFORMATION

Person(s) authorized to pickup camper from Cove Camp

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Each camp begins at 5:00pm on Sunday. • Ending times are as follows:**

Winter Camp Mon. 10:0 am

Grades 5-12 10:00am Sat. • Grades 3-4 2:00pm Thursday • Grades 1-2 2:00 pm Tuesday

We encourage you to send mail to your camper(s). Please send letters no later than four days before the last day of their camp. Mail to:

Cove Christian Camp • 68405 Mill Creek Lane • Cove, OR 97824

### Step 4

Fill out health information and emergency authorization on reverse side of this form

**NOTICE! This application is NOT COMPLETE until the health form and emergency authorization is filled in and signed.**

# Health, Emergency Authorization and Activity Release Form

Step 5

Fill in Your Health Record

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_ Work # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Doctor \_\_\_\_\_ Office# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Medical Ins. Co. \_\_\_\_\_ Policy# Group # \_\_\_\_\_

Known allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time of Day \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time of Day \_\_\_\_\_

**All medications brought with campers must be prescribed by a physician, supplied in their original container and given to the camp nurse by the child's parents upon arriving at camp.**

Any current illness, conditions, precautions or helpful information: \_\_\_\_\_

The following medications are often given, by the camp nurse, as needed. **Please check any the camper should not receive.**

Aspirin  Benadryl  Betadine Topical  Calamine or Caladryl  Topical Cortisone  Tylenol  Pepto Bismol

Ibuprofen  Kaopectate  Topical Neosporin  Maalox or Mylanta  Topical Anesthetic  Other \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please attach any other instructions or comments to this form.**

## Emergency Treatment Authorization

In case of emergency, I hereby give permission to the physician(s) selected by the camp directors to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. As parent or legal guardian of the applicant, I am in favor of him/her attending camp, and accept the conditions named. The health history and application information are correct, as far as i know, and the person described herein has permission to engage in all prescribed camp activities, except as noted. In addition, I have read and understand this **EMERGENCY TREATMENT AUTHORIZATION** statement and give my full consent to the term found therein. (This form may be photocopied for use out of camp.)

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Contract of Release & Assumption of Risk Agreement

By signing below, I acknowledge I have read the above statement and consent to its conditions. I realize camp activities have inherent risks. I knowingly accept and assume this risk, and agree to release Cove Christian Camp, its employees, the Northwest Association of Christian Churches and its parent organizations from liability in case of accident or illness. Cove Christian Camp is not responsible for lost or damaged personal items, including cameras and personal recreational equipment, etc. I also agree that photographs and video of the applicant may be used for camp promotional material. I agree to abide by ALL camp regulations and policies and to uphold its objectives.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Information for Parents & Campers

### CAMP DATES & DIRECTORS

<b>7<sup>th</sup> - 12<sup>th</sup> Grades</b>	June 18-24	Matt Holmes 541.426.3449 & David Bruce 541.426.3449
<b>1st &amp; 2nd Grades</b>	June 25 - 27 Sara Barnett 541.571.1218	<b>• 3rd &amp; 4th Grades</b> July 23 - 27 Steve Lyons 541.938.3854
<b>5th &amp; 6th Grades</b>	July 16 - 22 Delbert Durfee 541.566.9308	<b>• Winter Camp</b> January 13-16 Sara & Tom Barnett 541.571.1218 Matt Holmes 541.426.3449

Cove Camp Phone for **Emergency calls only**: (541) 568-4662

**No Visitors** are allowed during the week without permission of the Director, because of the difficulty it causes in meal planning and camp continuity. Campers who must leave during the week for any reason must give to the Director **written** permission from their parent/guardian stating when and with whom they are leaving and returning.

ALL campers are expected to abide by camp rules and participate in all scheduled activities. Refusal to comply (defiance) may result in the camper's parent/guardian being called to come take the camper home, regardless of time or distance.

**Shoes must be worn at all times**, except when sleeping, bathing, or swimming.