

COVE

CHRISTIAN CAMP

2018 Camper Application Form

Step 1

Choose Your Camp: Summer Camps **register by last grade completed.**
****Winter Camp is by Current Grade.**

Camp Attending (please mark)	Dates	Fees	Early Bird	
<input type="checkbox"/> Winter (6-12)	2/16-19	\$125	Feb. 2	\$100
<input type="checkbox"/> Grade 7-12	6/17-23	\$200	June 3	\$175
<input type="checkbox"/> Grade 5-6	7/15-21	\$200	July 1	\$175
<input type="checkbox"/> Grade 3 & 4	7/8-12	\$180	June 24	\$155
<input type="checkbox"/> Grade K-2	6/24-26	\$115	June 10	\$ 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) _____

Mailing 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 5:00 pm on Sunday. • Ending times are as follows:

Winter Camp Monday 10:00 am

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

Sending mail to campers: 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 and Campers

CAMP DATES & DIRECTORS for 2018

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

Winter Camp (gr. 6-12) February 16-19 Matt Holmes 541-426-3449

7th - 12th Grades June 17-23 Matt Holmes 541-426-3449

K - 2nd Grades June 24-26 Sara Barnett 541-571-1218

3rd & 4th Grades July 8-12 Steve Lyons 541-938-3854

5th & 6th Grades July 15-21 Delbert Durfee 541-969-2156

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.