2018 OCEAN PARK CAMPER REGISTRATION

Mail registration to: Ocean Park Camp and Retreat Center; PO Box: C, Ocean Park, WA 98640
Or e-mail to: carole@opretreat.org Questions? Call 360.665.4367

Camper Name:		
EVENT CHOICES		
First Choice	Event Name:	
	Date:	
Second Choice	Event Name:	
	Date:	
You may list a cabin roommate and we will try to accommodate your request.		
Birthdate (M/D/YYYY):		
	Grade entering Fall 2018:	
Gender Identity:	Age:	
Street Address:		
City:	State:	Zip:
Camper e-mail:		
PARENT INFORMATION		
Parent/Guardian Name:	Parent/Guardian Name:	
Address: (if different than camper's):		
Home #		
Work #:	Work #:	
Cell #:	Cell #:	
Email Address that you check: (we will not share with anyone:)		
Note: *Parent e-mail addresses are used for confirmation and camp information. Please add carole@opretreat.org to your address book.*		
Local church (if any):		

PAYMENT INFORMATION (MAKE CHECKS PAYABLE TO "Ocean Park Camp"				
A non-refundable deposit of $50.00 must accompany each registration to secure your camper's spot.				
EACH FAMILY AND/OR CHURCH IS RESPONSIBLE TO ENSURE THAT ALL PAYMENTS ARE MADE BY 2 WEEKS PRIOR TO THE START OF CAMP.				
I am including a Donation to Camping Ministry of:	$			
Amount Enclosed:	$			
Our church will pay a campership amount of:	$			
Balance Due:	$			
Charge $_____	to my	Master-Card		Visa
Enter Card #:				
Expiration Date:	CCV:			
Name on Card:				
Signature:	Date:			

EMERGENCY CONTACT: if parent/guardian unavailable (for all campers):		
Name(s):		
Phone: ( )		
Day/Work Phone:( )		
Cell Phone: ( )		
Address:		
City:	State:	Zip:
Relationship to camper:		

T-shirt Size						
	Youth-S		Youth-M		Youth-L
	Adult-S		Adult-M		Adult-L
	Adult-XL		Adult-2X		Adult-3X

1. Has your camper been on, or just recently taken off, any behavior assisting drugs (ex. Ritalin, Prozac) that may affect, alter or disturb their behavior, mood or attention span while at camp? (Circle one)	Yes No
2. Does your camper have any particular sensitivity or emotional issues? Has there been any recent adjustment (death, divorce, separation, etc.) that may affect their behavior at camp? (Circle one)	Yes No
3. What would be helpful for staff to know about your camper to ensure that camper is successful at Ocean Park Camp. You will also have a chance to visit with medical staff and your camper's counselor when you check in but is there anything you would like us to know ahead of time?	

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Camper Name:	Birth date:

Does camper have any known allergies:		Yes		No	Is the camper current on all immunizations needed for school?	Yes	No
SEVERE allergies to:					Do you carry an Epipen?	Yes	No
Medication Allergies:							
Food Allergies :					Dietary Restrictions:		
Other Allergies:							

Date of last tetanus shot/TDAP(month and year needed):	Blood type:

HEALTH HISTORY-within the last 3 years. Check any that apply:							
	Alcohol/drug addiction		Bed-wetting		Headaches		Self-mutilation
	Anxiety		Diabetes	Type 1 / Type 2	Heart disease		Sleepwalking
	Asthma		Depression		Infections, ear infections		Sore throats-frequent
	Attention deficient/ hyperactivity		Eating disorders		Menstrual problems		Tobacco Usage
	Back pain/strain		Epilepsy or Seizures		Nightmares		Other:
	Pertinent Past Medical treatment/surgeries:						

Does the camper have a health issue (e.g. allergies, chronic conditions) or special circumstances which may affect program participation, special housing needs, or anything we need to know prior to emergency treatment?	No	Yes:_____ (if so, please describe on separate page)

MEDICATIONS Keep all medications (Prescriptions and Over-the-Counter) IN THE ORIGINAL CONTAINERS that identify: prescribing physician, medication name, dosage and frequency. All medications for age-level campers must be checked in to camp health care provider at registration.

Name:	Dosage:	Time to give:	Reason:
Name:	Dosage:	Time to give:	Reason:
Name:	Dosage:	Time to give:	Reason:
Name:	Dosage:	Time to give:	Reason:

Identify medications that camper has recently stopped taking:

List any additional medications on an additional page.

CONSENT AND MEDICAL RELEASE

FAMILY MEDICAL INSURANCE		Yes		No
Name of Insured:				
Carrier:	Group #:			
Policy#:				
Name of Family Physician:				
Phone: ( )				
NURSE' S NOTES:				

- I, the undersigned parent/guardian/self, give permission for the above named camper to participate in the camp indicated on this form. I recognize and acknowledge that camping activities can involve certain hazards, including, but not limited to illness, injury, and accidents, and release The United Methodist Church from liability. My child/I have permission to partake in all supervised camp activities unless limitations are noted.
- I authorize the PNW Camp Health Provider to administer the above listed medications to my child/dependent during camp. I have given the Health Care Provider dosage and administrative instructions.
- I hereby give permission to the camp to provide routine health care, dispense medications, and seek emergency medical treatment.
- I have either appropriate insurance or agree to pay for all the medical service costs as may be incurred by my camper/self.
- In an emergency, I hereby give permission to the Health Care Provider selected by the camp to secure treatment, including hospitalization, for the above named person, according to the camp's health care policies.

- I agree to the release of any records necessary for insurance purposes.
- I give permission to the camp to arrange necessary related transportation for my child/myself, including scheduled off-site events.
- This completed health form may be photocopied for trips out of camp.
- I give permission for photos/videos to be used in future publicity
- I give permission for my camper's name or e-mail address to be included in the address list.

Nurse verification (internal use only)	Parent/Guardian/Self Signature:	Date: