

Camp Prince's Pine

Registration & Medical Release Form

Check all
that apply

Name: _____					
Cost	Camp	Age Group	2011 Dates	Director(s)	Contact
<input type="checkbox"/> \$20	Family Camp	Adult	May 27-30	Mike Dowlen	509.641.2429
<input type="checkbox"/> \$10		Age 6-18			
<input type="checkbox"/> Free		Under 6			
<input type="checkbox"/> \$80	Music Camp	7th-12th Grade	June 19-25	Mike Reeves Greg Rommann	541.447.5621 360.929.5931
<input type="checkbox"/> \$80	All Teen Camp	7th-12th Grade	August 7-13	Scott Koopman Micah Riesenweber	509.946.1658 509.308.2047
<input type="checkbox"/> \$80	Pre-Teen Camp	3rd-6th Grade	August 14-20	Jeff Hamilton Ron Weimer	509.554.0739 ?

\$ _____ : **Total Amount Paid** Please note: Family camp has a maximum cost of \$75 per family.

About Camp:

Please note the list of camp sessions, dates, and the grades for which they are offered (based on the completed grades). Also notice that camp sessions have been limited to 100 campers, so get your registrations in early to guarantee you a spot. Only the first 100 registrations can be accepted. Acceptance and participation is the same for everyone without regard to race, religion, sex, or handicap. There are daily devotionals, Bible classes, recreational times, crafts, worship and nightly campfire activities. Each day of Bible study will be devoted to different aspects of how the Bible can be applied to everyday life, and to learn to see God in everything that we do.

Here are a few items you will want to make sure you bring to camp: good attitude, open mind, Bible, note pad, pen, sleeping gear, warm clothes, toiletries, modest swim suit, towel, flashlight, camera, bug repellent, alarm clock, canteen money. Things not to bring: weapons, alcohol, laptops, inappropriate clothing, magazines, books, photos, etc.

Camp Prince's Pine is located near Colville Washington, but out of cell phone range. In the event of an emergency, you may contact our camp staff by calling the land-line phone at the camp (509) 684-8882. This phone is centrally located and is almost always answered during camp sessions.

Camp Registration Fee: \$80

The camp fee covers the stay at camp, including all meals for each day. If you truly have a problem paying the camp fee, contact your local congregation for assistance. If you still need further help, please contact the camp director. It is our intention to make available, for each child, the opportunity to attend camp sessions. Financial assistance needs to be arranged in advance.

The cost of all sessions (except Family Camp) is \$80 if pre-registered, or \$100 if registration is postmarked less than 2 weeks prior to camp. The cost is substantially different to encourage pre-registration, so that appropriate plans can be made and supplies purchased. These guidelines are necessary to insure a quality camp experience for all.

A minimum deposit of \$40 is expected at the time of registration. The full payment is expected at the start of camp.

First Aid Station:

Qualified medical personnel is on site 24 hours a day. Please list on the registration form any special or pre-existing medical conditions of which the camp nurse needs to be aware. The camp nurse will be responsible for the administration of any prescription medications at their appointed times unless a parent or guardian is present at camp.

Please complete both sides of this Registration & Medical Release

TEEN CAMPS 2011, Amount Paid \$ _____

Circle Camp Session attending: MUSIC CAMP ALL TEEN CAMP PRE-TEEN CAMP

Camper's Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Grade Completed: _____ E-mail: _____

Parent/Guardian: _____ Home Phone: (_____) _____

Address: _____ Work Phone: (_____) _____

City: _____ State: _____ Zip: _____

Emergency Contact (other than above): _____ Phone: (_____) _____

Home congregation: _____

Alternative Pick up: _____ (Name of individual or bus to pick-up this camper)

_____ (Signature of parent/guardian)

Medical Release and Information:

To the Director/Co-Director/Camp nurse: Authority is hereby granted to Camp Prince's Pine to place the camper named on this application in the care of a legally qualified doctor, dentist, and/or hospital and for the administration of prescriptions, when the Camp Director, Co-Director and/or camp nurse feel it is necessary for the health and safety of this camper. Northeastern Washington Christian Camp and the staff are released from any liability in conjunction with the named camper's care.

_____ (Signature of parent/guardian) Relationship to camper: _____

The parent/guardian will be notified as soon as possible of any incident requiring medical or dental treatment.

May your child take a non-aspirin pain reliever? _____ If no, then what may be taken? _____

Doctor's name: _____ Phone: (_____) _____

Health Insurance: _____ Policy Number: _____

Company Name: _____ Tetanus Immunization date: _____

List handicaps, special needs, or pre-existing conditions: _____

List any allergies to food, plants, and medication: _____

Registration & Payment:

Your registration is not complete until we have received this completed form and the complete payment. **Please make all checks payable to NWCC.** Mail payment and this completed registration & release form to the address to the director of the camp you are attending.

For All-Teen Camp:
NWCC Registration
C/O Richland Church of Christ
933 Thayer Dr
Richland WA 99352

For Music Camp:
Mike Reeves
Prineville Church of Christ
P.O. Box 209
Prineville OR 97754

For Pre-Teen Camp:
Jeff Hamilton
6306 Collins Rd
W. Richland WA 99353

Please complete both sides of this Registration & Medical Release

FAMILY CAMP 2011, Amount Paid \$ _____

Family Name: _____ Adults: _____

E-mail: _____ Phone #: (____) _____

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

Child #1 : _____ Date of Birth: _____ Sex: _____ Grade Completed: _____

Child #2 : _____ Date of Birth: _____ Sex: _____ Grade Completed: _____

Child #3 : _____ Date of Birth: _____ Sex: _____ Grade Completed: _____

Child #4 : _____ Date of Birth: _____ Sex: _____ Grade Completed: _____

Child #5 : _____ Date of Birth: _____ Sex: _____ Grade Completed: _____

Child #6 : _____ Date of Birth: _____ Sex: _____ Grade Completed: _____

Emergency Contact : _____ Phone #: (____) _____

Home congregation: _____

Medical Release and Information:

In the event a guardian can not be found or is medically unstable:

To the Director/Co-Director/Camp nurse: Authority is hereby granted to Camp Prince's Pine to place the campers named on this application in the care of a legally qualified doctor, dentist, and/or hospital and for the administration of prescriptions, when the Camp Director, Co-Director and/or camp nurse feel it is necessary for the health and safety of this camper. Northeastern Washington Christian Camp and the staff are released from any liability in conjunction with the named camper's care.

_____ (Signature of parent/guardian) Relationship to campers: _____

The parent/guardian will be notified as soon as possible of any incident requiring medical or dental treatment.

May your family take a non-aspirin pain reliever? _____ If no, then what may be taken? _____

Doctor's name: _____ Phone: (____) _____

Health Insurance: _____ Policy Number: _____

Company Name: _____

List handicaps, special needs, or pre-existing conditions: _____

List any allergies to food, plants, and medication: _____

Registration & Payment:

Your registration is not complete until we have received this completed form and the complete payment. **Please make all checks payable to NWCC.** Mail payment and this completed registration & release form to the address on the right. If you have further questions, contact ? at (phone) ? or (email) ?.

SEND FORMS & PAYMENT TO:

**NWCC Registration
C/O Mike Dowlen
724 SE Regent Ave
Wilbur WA 99185**