

Sierra Pines Camp Registration Form 2010

Send Registration To: P.O. Box 70 Twin Bridges, Ca 95735 * Phone: (530) 659-7111 * Fax: (530) 659-7790

www.sierrapines.org

In order for you and/or your child to attend camp, please be sure to fill out both sides of this Registration Form and sign it where indicated. Feel free to copy this form if you have more than one person to register. (One form per person.) If you have any questions or need more forms, please contact us.

Camper Information (Please print neatly) **Choose A Session Camp** (Note Session Name for Correspondence.)

Camper's full name _____
 Male Female
 Date of Birth ___/___/___ Age ___ Grade _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone (_____) _____
 Camper's Email _____
 Roommate Request
 1) _____ 2) _____
We will make every effort to honor your request, but cannot guarantee this.

_____ Jr. High Snow Camp (grades 6-8), **Jan 22 - 24, 2010** \$159
 _____ Sr. High Snow Camp (grades 9-12), **Feb 12 - 15, 2010** \$189
 _____ 56 Club Snow Camp (grades 5-6), **March 5 - 7, 2009** \$149

Registration Begins Friday at 7pm

Parent/Church Information

Responsible Party Name _____
 Relationship to child _____
 Day phone (_____) _____
 Evening phone (_____) _____
 Guardian's Email _____
In order to reduce costs, we use email as our main form of communication. Include your address here if you would like to help.

 Church Name _____ City _____
 Children/Youth/Sr. Pastor _____
 Pastor's Phone (_____) _____
 _____ **Check here if not attending with a church.**

Cost, Discount And Payment Information (Personal Financial Worksheet)

Session Camp Cost (Enter cost from above here) \$ _____
Sibling Discount (One sibling must pay full price, list the name of the sibling that **allows this** discount)
 Name _____ -\$ _____ (\$15.00)
My Total Session Camp Cost \$ _____
A non-refundable, non-transferable registration payment of \$75 per person is required along with the completed registration form. The registration payment applies toward the total cost of camp.
Amount enclosed or to be charged \$ _____
Church Scholarship (Amount your church has committed to pay, must provide **written verification** two weeks prior to camp)
 -\$ _____

My Balance Due: \$ _____

 Visa/MC # _____ - _____ - _____ Exp. ____/____/____
 Billing address of card holder
 Street _____ City _____ State _____ Zip Codes _____
 Name on Card _____
 Card holder Signature _____

Emergency Contact Full Name _____ Relationship _____ Camper Full Name _____

Day Phone (____) _____ Evening Phone (____) _____ Session Camp Attending _____ Camp Dates _____

SIERRA PINES HEALTH FORM: COMPREHENSIVE HEALTH HISTORY, PHYSICIAN INFORMATION AND EMERGENCY AUTHORIZATION

In order for you and/or your child to attend, please be sure to fill out both sides of this Registration Form and sign it where indicated. Feel free to copy this form if you have more than one person to register. (One form per person.) If you have any questions or need more forms, please contact us.

Physician and Insurance Information

Doctor's name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

INSURANCE COMPANY _____ Policy # _____

Note: The Camper's Insurance is considered the primary insurance in event of an accident or health problem while Camper is attending a camp session. (Sierra Pines does carry accident insurance in the event there is no family accident insurance.)

Date of last physical _____ please attach a copy of physical to this form. *(Recommended, not required.)*

Has your child been exposed to any communicable diseases in the past 2 months?(specify) _____

Has your child been exposed to or been treated for lice in the past 3 weeks? _____

Previous hospitalizations/surgeries? _____

Devices currently in use? _____

Special problems (sleep walking, bed wetting, etc.)? _____

Special diet? _____

Other problems, limitations or restrictions? _____

MEDICATIONS (List and instructions) Note: All prescription medications must carry Pharmacist's label and be in original containers. All medications will be kept secure by the camp's Health Care Provider and made available as prescribed. Campers may not bring over-the-counter medications unless they have written instructions from a licensed physician. Over-the-counter medications will be made available by the camp's Health Care Provider according to written health care policies and procedures.

PARENT/GUARDIAN AUTHORIZATION

I authorize the above named minor to fully participate in the camp they are registered for, unless restrictions are noted above. The camp may photograph the minor and/or myself and use the pictures for advertising or promotional use. The minor may be transported in camp-designated vehicles for off-site trips and for emergency and routine medical care. I give permission to search camper belongings with the camper present when the health, well-being, or safety of the camper or others requires it.

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications (prescription and over-the-counter); to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or the above named minor. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the minor named above. This completed form may be photocopied for trips out of camp.

Signature _____ Print name _____

Relationship to camper _____ Date _____

Health History

My child has or has had the following: (Give approximate dates where necessary)

Allergies:

____ Hay fever
____ Poison oak/ivy
____ Insect stings
____ Pollen
____ Penicillin
____ Foods (specify) _____
____ Other drugs (specify) _____
____ Other (specify) _____

Diseases:

____ Chicken pox
____ Measles
____ German measles
____ Mumps
____ Scarlet fever

Other:

____ Ear Infections
____ Rheumatic fever
____ Fainting
____ Diabetes
____ Asthma
____ AIDS

Neuro/Psychological:

____ ADD or ADHD
____ Epilepsy
____ Concussion
____ Convulsions

Misc Questions

Date of Last Tetanus _____

Do you require a vegetarian meal? _____

Nurse's notes _____