



# Camper Registration Form

Sunday July 22nd—Friday July 27th

Complete one registration form per person

(Please Print Clearly)

Name \_\_\_\_\_ Grade in School 9/12 \_\_\_\_\_  
Last First Middle

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

E-mail (Please write neatly) \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
 VOICE  TDD  TDD/VOICE  Videophone

Age \_\_\_\_\_  Male  Female  Single  Married  Deaf  Hard of Hearing  Hearing

Would a voice interpreter help you?  Yes  No Would an oral interpreter help you?  Yes  No

Can you use sign language?  Yes  No  ASL  English

How many years have you attended NWCCD Camp? \_\_\_\_\_  I will be sleeping in the dorm with other campers.  
 I will be sleeping in a cabin with my family.

Do you attend church?  Yes  No If yes, where? \_\_\_\_\_

### Camper must sign the following statement;

As a registered camper I have read the rules and regulations of NWCCD. I will follow all water safety rules of the camp, follow designated schedules, attend all meals unless excused by the nurse, not use radios, TVs, stereos, iPods, Sidekicks, or CD players while at camp, follow the dress code, and comply with any other rules and regulations the camp may set.

I agree to follow all the rules and regulations of NWCCD, knowing that if I do not, I may be dismissed from camp without refund and will have to pay for any travel arrangements made necessary as a result. I will also be held financially responsible for any malicious damage I do to the camp or any other camper's property.

Camper's Signature \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

If a camper is unyielding to any rules, he/she will be sent home at own or, if under 18, the parent's expense and inconvenience.

### If the camper is under 18, a parent must also sign.

Parent's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_  
(Please print)

Contact info during the week of camp: phone \_\_\_\_\_ email \_\_\_\_\_

I give permission for myself (my child) to be photographed during camp. \_\_\_\_\_ Yes \_\_\_\_\_ No  
(These photos are shown during meals, plus some are published on the camp blog and put onto a CD that may be purchased.)

**\*\*Parents, please inform your child before camp if you have answered "No" to the above question.\*\***

We will contact you (your child) about future deaf activities . (If you prefer no contact, check here.  )

Mail to: NWCCD  
P.O. Box 1585  
Brush Prairie, WA 98606

E-mail Address (Registrar's name):

Camper's Name \_\_\_\_\_

<b>Camper Fee: EARLY BIRD DISCOUNT (\$100 Deposit before June 1st)</b>	<b>Box A</b>
<b>Forms must be postmarked no later than June 1, 2012</b>	
<b>Balance is due postmarked by July 9th, 2012</b>	
Each Camper (meals and lodging for the week)	
<input type="checkbox"/> Age 8 and up	\$320 each \$ _____
<input type="checkbox"/> Age 3 - 7	\$170 each \$ _____
<b>Box A Total</b>	<b>\$ _____</b>

<b>REGULAR:</b>	<b>Box B</b>
<b>Forms and total balance due must be postmarked no later than July 9th, 2012</b>	
Each Camper (meals and lodging for the week)	
<input type="checkbox"/> Age 8 and up	\$370 each \$ _____
Family Rate (three or more campers; includes meals and lodging for the week)	
<input type="checkbox"/> Age 8 and up	\$350 each \$ _____
<input type="checkbox"/> Age 3 - 7	\$185 each \$ _____

<b>RV / TENT DISCOUNTS:</b>	<b>Box C</b>
<b>Forms and total balance due must be postmarked no later than July 9th, 2012</b>	
Each Camper (meals and lodging for the week)	
<input type="checkbox"/> Age 8 and up	\$255 each \$ _____
<input type="checkbox"/> Age 3 - 7	\$155 each \$ _____
<b>Box C Total</b>	<b>\$ _____</b>

<b>MISC:</b>	<b>Box D</b>
_____ CD's of camp snapshots <i>(Includes the group picture and staff picture)</i>	@ \$20 each \$ _____
Snack money (coffee, drinks, goodies) <i>Unused snack money will be donated to NWCCD</i>	\$20 max. \$ _____
<b>Box D Total</b>	<b>\$ _____</b>

NWCCD has limited scholarship money available for campers age 8 through high school, as well as for families. If you are interesting in applying for a scholarship, fill out the appropriate form and send it with your camper registration and deposit.

<b>TOTAL OF ALL BOXES</b> (Check those that apply):	
Box: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$ _____
<b>Amount being sent with this form</b>	\$ _____
<b>(Minimum \$100 deposit (\$50 non-refundable) PER CAMPER)</b>	
<b>Balance due must be postmarked by July 9th, 2012</b>	\$ _____
*There will be a \$25 charge for returned checks.*	

**Registrations postmarked later than July 10 require an additional \$50 and will be accepted only with permission of the Camp Director, Jim Smith (nwccd2011@yahoo.com)**

**Check or money order, U.S. currency, payable to: Northwest Christian Camp for the Deaf**

OFFICE USE ONLY:	Comments:



Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEALTH / MEDICAL FORM**  
(Please print clearly)

ONE for EACH PERSON

Is there any reason you or your child cannot engage in recreational activities such as running, swimming, competitive games and hiking?  No  Yes, because

\_\_\_\_\_  
\_\_\_\_\_

Please include the necessary information, if applicable. The person listed above has the following:

- Asthma  Asthma Medication
- Diabetes  Diabetes Medication
- Epilepsy  Epilepsy Medication
- Other Health Condition  Medication
- Other medical problem or disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If you have checked any of the boxes above, be sure to fill out the Medications Form completely.**

- Allergies:
- Penicillin  Poison Oak  Bee Sting
  - Other \_\_\_\_\_

**Do you have food or drink allergies?**  Yes  No

**If yes, fill out the Special Diet Needs form.**  
Everyone at camp must have had a tetanus shot within 10 yrs.  
Date of Last Tetanus Shot: \_\_\_\_\_

Operations in last year?  Yes  No  
(If Yes, please describe) \_\_\_\_\_

- Permission to Swim?  Yes  No
- Sleepwalk?  Yes  No

IN CASE OF ILLNESS OR INJURY, after every reasonable effort has been made to contact parent or guardian of child 18 years or younger, or in the event that an adult camper is unable to authorize treatment, I authorize the camp nurse to sign in my place for necessary treatment by a local physician and/or for hospital care.

\_\_\_\_\_  
Parent or guardian name (print)

\_\_\_\_\_  
Parent or guardian name (signed)

Phone number: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Address

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

**IN AN EMERGENCY, CONTACT FIRST:**  
**\*\*Star the number(s) below that we may use to contact this person during camp.**

Please Print

\_\_\_\_\_  
FIRST NAME LAST NAME

Phone # Home (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

**IN AN EMERGENCY, CONTACT SECOND:**  
**\*\*Star the number(s) below that we may use to contact this person during camp.**

Please Print

\_\_\_\_\_  
FIRST NAME LAST NAME

Phone # Home (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Physician's phone: (\_\_\_\_\_) \_\_\_\_\_

Dentist's name: \_\_\_\_\_

Dentist's phone:(\_\_\_\_\_) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

ID Number and Group: \_\_\_\_\_

**Insurance must be valid in the State of Oregon. If not, you are personally responsible for any medical expenses necessary for camper.**



Date \_\_\_\_\_ Camper \_\_\_\_\_ Age \_\_\_\_\_  
Staff \_\_\_\_\_

**THIS PAGE MUST BE FILLED OUT AND SIGNED  
BY THE CAMPER (OR PARENTS, IF THE CAMPER  
IS UNDER 18), OR STAFF MEMBER**

**Medical Release—Authorization for care, and Liability Agreement**

I, the camper or parent or guardian for the camper (under 18), or the staff member, have had a physical examination in the past year and am able to attend NWCCD. I accept full responsibility for transportation, and/or any related costs for medical services, should the need for any service occur during the week of NWCCD. I authorize the camp nurse, camp physician, or camp director to transfer the above person to an advanced level of care facility for treatment, including a hospital, a clinic, and/or emergency transport vehicle. I authorize release of: Medical health history information, Health care provider, and Insurance information. I have medical insurance that is valid in the State of Oregon. I authorize the camp nurse to dispense medications as indicated on the NWCCD Medications Form. I have listed every medication on the NWCCD Medications Form.

Please print your name \_\_\_\_\_  
(Parent, Guardian or camper age 18 or above)

Your signature \_\_\_\_\_  
(Parent, Guardian or camper age 18 or above)

Date \_\_\_\_\_

**This is the second of 2 pages for this document. Both must be filled out.**

NORTHWEST CHRISTIAN CAMP FOR THE DEAF is designed for Deaf and Hard-of-Hearing people. If an individual requires personal care assistance for “Activities of Daily Living” that individual must provide the personal care assistant at their own expense. Furthermore, it is required that said personal care assistant provide full assistance for the camp attendee during NWCCD camp week. The personal care assistant must complete all NWCCD registration forms and all camp fees must be paid.

Date \_\_\_\_\_ Name of person taking medication: \_\_\_\_\_

## MEDICATION FORM

### Attention All Campers! Please read this notice.

You will meet with the camp nurses during registration on Sunday. They will be checking your forms for accuracy and collecting your medication.

### All your prescription medication must be in PHARMACY LABELED CONTAINERS.

Tell the nurse of any meds that you must keep in your possession for emergencies (asthma, allergies, heart conditions).

### Part A Please LIST BELOW ALL OVER THE COUNTER MEDICATIONS

Name of medication: _____	Name of medication: _____
Dosage amount _____	Dosage amount _____
Time to be taken _____	Time to be taken _____
How to take medication: _____	How to take medication: _____
(i.e., by mouth, injection, inhalant, etc.)	(i.e., by mouth, injection, inhalant, etc.)

Name of medication: _____	Name of medication: _____
Dosage amount _____	Dosage amount _____
Time to be taken _____	Time to be taken _____
How to take medication: _____	How to take medication: _____
(i.e., by mouth, injection, inhalant, etc.)	(i.e., by mouth, injection, inhalant, etc.)

Name of medication: _____	Name of medication: _____
Dosage amount _____	Dosage amount _____
Time to be taken _____	Time to be taken _____
How to take medication: _____	How to take medication: _____
(i.e., by mouth, injection, inhalant, etc.)	(i.e., by mouth, injection, inhalant, etc.)

### Part B Please LIST BELOW ALL OVER THE COUNTER MEDICATIONS (Tylenol, cold meds, etc.) must also be kept with the nurse.

Some of the most common complaints during a camp experience are stomach aches and headaches. The health room will have the following medications available: □ ibuprophen (Advil), □ Acetaminophen (Tylenol), □ liquid and tablet antacids (ex. Maalox), and □ Benedryl. If this camper is a minor, a parent/guardian may check a medication from this **List B** paragraph and sign below, giving the nurses permission to dispense these medications to the camper as needed.

SIGNED: \_\_\_\_\_ (Parent or Guardian) Date: \_\_\_\_\_

You may also send your own OTC medications, which will be collected and kept in the health room for use by your child as deemed necessary by the nurses. **Please list all over the counter meds that this camper will be bringing.**

Name of medication: _____	Name of medication: _____
Dosage amount _____	Dosage amount _____
Circumstance to be taken (as needed for headache, cramps...)	Circumstance to be taken (as needed for headache, cramps...)
_____	_____

Name of medication: _____	Name of medication: _____
Dosage amount _____	Dosage amount _____
Circumstance to be taken (as needed for headache, cramps...)	Circumstance to be taken (as needed for headache, cramps...)
_____	_____