Complete one registration form per person

(Highlighted yellow require signature)

**(Please Print Clearly)**

Name Click here to enter text. Grade in School next fall 9/17 Click here to enter text.

Address Click here to enter text. City Click here to enter text. State Click here to enter text. Zip Click here to enter text.

E-mail Click here to enter text. Phone Click here to enter text. [ ]  VOICE [ ]  TDD [ ]  TDD/VOICE [ ]  Videophone

Age Click here to enter text. [ ]  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? \_\_\_\_\_\_ [ ] Sleeping in the cabin with counselors.

 [ ]  Sleeping in a cabin with my family.

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If a camper is unyielding to any rules, he/she will be sent home at own or, if under 18,

 at the parent’s expense and inconvenience.

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

Parent’s Name Click here to enter text. Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please print)

Contact info during the week of camp: phone Click here to enter text. Email Click here to enter text.

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.)

Camper’s Name Click here to enter text.

**Camper Fee: EARLY BIRD DISCOUNT ($100 Deposit before June 1st) Box A**

**Forms must be postmarked no later than June 1, 2017**

**Balance is due postmarked by July 9th, 2017**

Each Camper (meals and lodging for the week)

[ ]  Age 8 and up $330 each $ Click here to enter text.

[ ]  Age 3 - 7 $180 each $ Click here to enter text.

 **Box A Total $**Click here to enter text.

**REGULAR: Box B**

**Forms and total balance due must be postmarked no later than July 9th, 2017**

Each Camper (meals and lodging for the week)

[ ]  Age 8 and up $380 each $Click here to enter text.

Family Rate (three or more campers; includes meals and lodging for the week)

[ ]  Age 8 and up $360 each $Click here to enter text.

[ ]  Age 3 - 7 $195 each $Click here to enter text.

 **Box B Total $**Click here to enter text.

**MISC:** **Box C**

[ ]  CD’s of camp snapshots @ $20 each $ Click here to enter text.

 *(Includes the group picture and staff picture)*

Snack money (coffee, drinks, goodies) $20 max. $ Click here to enter text.

 *Unused snack money will be donated to NWCCD*

 **Box C Total $** Click here to enter text.

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.

**TOTAL OF ALL BOXES** (Check those that apply)**:**

 **Box:** [ ] **A** [ ] **B** [ ]  **C $** Click here to enter text.

**Amount being sent with this form $** Click here to enter text.

 **(Minimum $100 deposit ($50 non-refundable) *PER CAMPER)***

**Balance due must be postmarked by July 9th, 2017 $** Click here to enter text.

 **\*There will be a $25 charge for returned checks.\***

***Registrations postmarked later than July 9th 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**

**PICKUP PERMISSION FORM**

**IMPORTANT NOTICE**

**PICKUP ON FRIDAY JULY 28TH**

For the protection of you and your child, a checkout is required at the end of camp. This will also help us be sure that your child has all of their camp crafts, belongings, medications, and accounts cleared before they leave.

Camper Name Click here to enter text.

 Check if Camper is 18 years old and up.

 If camper is not a minor there is no need to go any further but please send this form.

The following people have permission to pick up my minor child from camp:

Click here to enter text. Relationship to child Click here to enter text.

Click here to enter text. Relationship to child Click here to enter text.

Click here to enter text. Relationship to child Click here to enter text.

Click here to enter text. Relationship to child Click here to enter text.

A signature and picture ID will be required from person picking up your child.

Parent’s name (please print) Click here to enter text.

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail this form along with the registration forms. If we do not have this form in hand when it is time to check out your child and you are not the person who has come to pick them up, we will be calling you to come pick up your child. We will not allow your child to leave the camp grounds without proper authorization. Thank You!**

Below signature on day of pickup:

Signature of person taking child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Date Click here to enter text. Camper’s Name Click here to enter text.

Special Diet Needs

Twin Rocks Friends Camp

Note from NWCCD Staff: *Special food items are ordered two weeks before camp.* If you do not get your request in before that time, then you will be responsible for special dietary needs.

Twin Rocks kitchen staff is able to help you with your special diet needs in two ways: by providing enough variety in the menu from which you may choose, and by making substitutions for some (although not all) menu items in order to give you well-rounded meals. The menus for this week/weekend are posted on the wall to the right of the podium.

Below, please list your special diet needs. Please be as specific as you can, i.e., “no dairy, no wheat, vegetarian, vegan, no peppers or onion, diabetic, etc.” Please list only those diet needs that are related to food allergies, medical issues, or lifestyle choices, but not food preferences. Thank you.

Special Diet Needs (i.e., no dairy, no wheat, vegetarian, vegan):

Click here to enter text.

You are welcome to bring into the Dining Center any food items to supplement what we are offering you. There is a small refrigerator in the dining room under the beverage counter where you may store these items. We do ask those with no dairy or no wheat allergies to supply their own milk and bread. We offer only fresh fruit as an alternative to dessert for diabetics, so please bring your own sugar-free desserts if you want them.

We hope you join us often for future camps. Upon request, we are happy to supply the week or weekend’s menu ahead of time in order to help you with your planning.

Name Click here to enter text. Birthdate Click here to enter text.

Health—Medical Form Page 1 of 3

**HEALTH / MEDICAL FORM**

(Please print clearly)

**ONE for EACH PERSON**

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:

Click here to enter text.

**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 Click here to enter text.

**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: Click here to enter text.

Operations in last year? [ ]  Yes [ ] No

(If Yes, pleasedescribe) Click here to enter text.

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/Guardian Name (print)** Click here to enter text.

**Parent/Guardian Name (print)** Click here to enter text.

Phone number: Click here to enter text.

Address Click here to enter text.

City Click here to enter text. State Click here to enter text. Zip Click here to enter text.

Health—Medical Form Page 2 of 3

**Date­­­­** Click here to enter text. **Name of person taking medication:**Click here to enter text.

**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).

**Please LIST BELOW ALL PRESCRIPTION MEDICATION**

**that you will be taking during camp.**

Name of medication Click here to enter text. Name of medication Click here to enter text.

Dosage amount Click here to enter text. Dosage amount Click here to enter text.

Time to be taken Click here to enter text. Time to be taken Click here to enter text.

How to take medication: Click here to enter text. How to take medication: Click here to enter text.

(i.e., by mouth, injection, inhalant, etc.) (i.e., by mouth, injection, inhalant, etc.)

Name of medication Click here to enter text. Name of medication Click here to enter text.

Dosage amount Click here to enter text. Dosage amount Click here to enter text.

Time to be taken Click here to enter text. Time to be taken Click here to enter text.

How to take medication: Click here to enter text. How to take medication: Click here to enter text.

(i.e., by mouth, injection, inhalant, etc.) (i.e., by mouth, injection, inhalant, etc.)

**Please LIST BELOW ALL OVER THE COUNTER MEDICATIONS**

**(Tylenol, cold meds, etc.) must also be kept with the nurse.**

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 Click here to enter text. Name of medication Click here to enter text.

Dosage amount Click here to enter text. Dosage amount Click here to enter text.

Circumstance to be taken (as needed for headache etc.) Circumstance to be taken (as needed for headache etc.)

Click here to enter text.  Click here to enter text.

**Name** Click here to enter text. **Birthdate** Click here to enter text.

**Health—Medical Form Page 3 of 3**

**Physician’s name:** Click here to enter text.

**Physician’s phone:** Click here to enter text.

**Health Insurance Company:** Click here to enter text.

**ID Number and Group:** Click here to enter text.

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

**IN AN EMERGENCY, CONTACT FIRST:**

**\*\*Star the number(s) below that we may use to contact this person during camp.**

**Please Print**

**Name** Click here to enter text.

**Phone # Home** Click here to enter text. **Work** Click here to enter text. **Cell** Click here to enter text.

**IN AN EMERGENCY, CONTACT SECOND:**

**\*\*Star the number(s) below that we may use to contact this person during camp.**

**Please Print**

**Name** Click here to enter text.

**Phone # Home** Click here to enter text. **Work** Click here to enter text. **Cell** Click here to enter text.

THIS PAGE MUST BE FILLED OUT AND SIGNED

BY THE STAFF (OR PARENTS, IF THE STAFF IS UNDER 18), OR STAFF MEMBER

Medical Release—Authorization for care, and Liability Agreement

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 Click here to enter text. Date Click here to enter text.

(Staff, Parent, Guardian or camper age 18 or above)

Your signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Staff, Parent, Guardian or camper age 18 or above)

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.

**Northwest Christian Camp for the Deaf**

**Twin Rocks Friend's Camp**

**From Portland:** Drive west from Portland on the Sunset Highway - 26. Just west of Hillsboro, bear left on Hwy 6 toward Tillamook. In Tillamook turn right onto hwy 101 - North. Go past Garibaldi. Follow Hwy 101 approximately 13 miles to Twin Rocks Friends Camp, located on your right just south of Rockaway beach

**From Salem:** Drive west from Salem on Hwy 22 to its intersection with Hwy 18. Turn left onto Hwy 18 and travel west approximately 5 mile to Valley Junction. Turn right (again onto Hwy22) toward Hebo. In Hebo, turn right onto Hwy 101. Follow Hwy 101 north through Tillamook and Garibaldi on to Twin Rocks Friends Camp, located on your right just south of Rockaway beach.

*Please do not contact Twin Rocks Friend's Camp. NWCCD coordinates and operates the Northwest Christian Camp for the Deaf. Address your inquiries to nwccd2011@yahoo.com*

**Below is contact information for use *during camp* only:**

Twin Rocks’ phone number during office hours: 503 355-2284

EMERCENCY NUMBER: 503 812-9200. This number should be answered by a Twin Rocks staff person during all hours that office is closed.

The Twin Rocks address is: P.O. Box 6

 Rockaway Beach, OR 97136

The Twin Rocks campground address is: 18705 Highway 101 N.

 Rockaway Beach, OR 97136

Camp check in is Sunday, July 23rd at 2:30p.m.

Camp pick up is Friday, July 28th at 10:00a.m.