

2024 Camp Living Word JUNIOR / TEEN CAMP

Sunday, July 7th – Friday, July 12th, 2024

[Please READ the 2024 Camp Brochure and complete BOTH sides of this form.]

Camper Name _____ (select one X) Junior Camp _____ Teen Camp _____

Age at Camp _____ Birthdate _____ / _____ / _____ Birth gender M _____ F _____ Grade Completed _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name(s) _____ E-mail _____

Parent/Guardian Contact Phone 1 () _____ - _____ Name _____ Relationship _____

Parent/Guardian Contact Phone 2 () _____ - _____ Name _____ Relationship _____

Other Emergency Contact Phone () _____ - _____ Name _____ Relationship _____

Home Church _____ Pastor _____

PARENTS / GUARDIANS PLEASE READ AND COMPLETE THE PERMISSION/RELEASE FORM BELOW

Medical Information: Does the camper have any prescribed medications, allergies, reactions (If camper has an epipen or rescue inhaler, please bring) or limitations which the Camp Nurse/Staff should know about? Please explain:

Immunizations: Is camper up to date on immunizations? Y _____ N _____ Date of last tetanus shot: _____ / _____ / _____

Consent for Medical Treatment: I give permission for the Camp Living Word staff or volunteer Camp doctor/nurse to follow the physician's standing orders for care and treatment of my child. If deemed necessary, I give permission to Camp Living Word / Warm Beach Camp to provide emergency medical treatment for my child and to transport them to an emergency center for treatment. I understand that securing proper treatment for emergency care may require the physician to hospitalize, order injections, anesthesia, or surgery for the camper named on this form. I understand that every effort will be made to contact the parent/guardian or emergency contact of the camper when medical attention is required at a hospital or clinic.

Insurance: I understand that neither Camp Living Word nor Warm Beach Camp provides any primary accident or health insurance for campers or guests and further understand it is my responsibility to provide such coverage.

Medical Insurance Provider _____ Policy # _____

Camper's Doctor _____ Telephone () _____ - _____

Release/Participation: I am the parent or guardian of the participant. I give permission for my child to participate in Camp Living Word / Warm Beach Camp activities including transportation. Activities may include field games, swimming, canoeing, climbing tower, and high ropes courses. While Camp Living Word / Warm Beach Camp will provide for adequate and reasonable participant safety, I understand that accidents can sometimes happen. Therefore, I allow my child to participate in Camp activities, and I understand and expressly acknowledge that I release Camp Living Word / Warm Beach Camp, its employees, board of directors, volunteers, or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in Camp Living Word / Warm Beach Camp activities, whether on or off Warm Beach Camp's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of Camp Living Word / Warm Beach Camp, its employees, board of directors, volunteers, or guests.

Property Loss: Camp Living Word / Warm Beach Camp is not responsible for personal property lost, damaged or stolen while using Warm Beach Camp facilities, including parking lots, or participating in Camp Living Word / Warm Beach Camp programs.

Photograph/Publicity Permission: Should Camp Living Word / Warm Beach Camp desire to use the camper's photo in public materials, you have my permission. Names will appear in camper Memory Books but will not appear with any publicity photos.

Parent/Guardian Signature: _____ **Date:** _____ / _____ / _____

Camp Living Word 2024

Camper Registration Form

I am enclosing (please check one):

- \$ 50.00 (deposit) **OR**
- \$250.00 (full amount) **OR**
- \$ _____ (other amount) **OR**
- \$275.00 (after June 10th)

Make checks payable to:

"Redeemer Church"

MEMO: Camp Living Word

Mail to:

Camp Living Word Registration
PO Box 407
Sedro-Woolley, WA 98284

CLW Office Use Only

CAMPER NAME: _____

ON TIME REGISTRATION: \$250.00

LATE REGISTRATION: \$275.00

DEPOSIT Amount _____ Date _____ Check Cash

Check # _____ Amount _____ Payment includes multiple Campers

Check Name: _____

BALANCE DUE _____

ADDITIONAL INFO: