

REGISTRATION FORM

Name: _____

Age: _____ M: _____ F: _____

Date of Birth: _____

Grade Completed: _____ email _____

Parent/Guardian: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: () _____

Work Phone: () _____

EMERGENCY INFORMATION

Home church: _____

Emergency Contact: _____

Phone: () _____

ALTERNATIVE PICK-UP

(Name of individual or bus to pick-up this camper)

(Signature of parent/guardian)

Please complete a registration form for each session
you plan on attending and mail to the appropriate
director on the following page:

_____ Family Camp	May 25-27
_____ Music Camp 7th -12th	June 16-22
_____ Senior Camp 9th - 12th	June 23-29
_____ Preteen Camp 3rd - 5th	July 28 - Aug. 3
_____ All Teen Camp 7th - 12th	Aug. 3-10
_____ Junior Camp 6th - 8th	August 11-17

MEDICAL RELEASE FORM

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?

Yes: _____ No: _____

If no, then what may be taken?

Tetanus Immunization date: _____

List handicaps, special, or pre-existing conditions:

List any allergies to food, plants, and medication:

Doctor's name: _____

Phone: () _____

Health Insurance: _____

Policy Number: _____

Company Name: _____