

Camp Agreement

I/we understand and have explained to my/our child that his/her attendance at this camp is a privilege, not a right, and is conditioned on his/her acceptable behavior. I/we realize that camp is something that will substantially benefit my/our child, and behavior that contravenes the following guidelines may result in his/her dismissal from camp in the Ministries sole discretion. In consideration of the benefits of this camp to my/our child (camper) and other good and valuable consideration, receipt of which is hereby acknowledged, I/we agree to the following: (camper and parent must initial next to each statement)

Camper will abide by all camp regulations.

Campers are not permitted to leave the campgrounds without the Director's consent.

Camper (and his/her parent/s) will be held accountable and responsible to pay for any destruction of property that he/she causes.

Campers are required to attend all meals, classes, activities, and services.

Camper will wear modest clothing at all times

This is a closed camp. No visitors or special guests will be allowed while camp is in session.

General Release and Consent

I/we the undersigned parent(s) or guardian(s) of _____ am/are aware that the activities planned for my/our child while at camp may include but are not limited to the following: waterskiing and tubing, skateboarding, ropes course, swimming, paddle boats, wave runners, inflatable activities, waterfront activities, miniature golf, basketball, softball, volleyball, group games, campfires, arts and crafts, drama, music, outdoor cooking, river rafting, water slides, a variety of athletic activities, and limited transportation on and off the campgrounds.

I/we also understand that the camp has acquired liability and medical insurance coverage subject to certain limitations, which may or may not include some of the named activities.

With the above in mind, I/we do hereby give permission/consent for my/our child to participate in the above named events and to hold harmless and release Northwest Ministry Network, Silver Lake Camp, Camp Berachah, its' agents, assigns, employees, and volunteer assistants from any and all liability whatsoever arising out of injury, sickness, claim, cause of action, expense, or damage which may be sustained by my/our child during the course of his/her stay at camp.

Dated this _____ day of _____ 2011

Signature of Camper _____

Parent or Legal Guardian Signature _____

APPLICATION WILL BE REFUSED WITHOUT CAMPER AND PARENT/GUARDIAN SIGNATURES

CAMPER REGISTRATION

General Information

Camper's name _____ Male Female

Mark the Camp you will be attending:

Camp Berachah – August 1st – August 5th

Silver Lake – July 25th – July 29th

ANY REGISTRATIONS POSTMARKED AFTER THE STANDARD REGISTRATION DEADLINE WILL BE CHARGED AN ADDITIONAL LATE REGISTRATION FEE. ALL APPLICATIONS MUST BE RECEIVED 1 WEEK PRIOR TO THE FIRST DAY OF THE CAMP YOU WILL BE ATTENDING TO AVOID ADDITIONAL CHARGES.

Street Address _____

City _____ State _____ Zip _____

Birth Date _____ Age _____ Grade Entering _____

Parent or Guardian's Name _____

Parent or Guardian's Home Phone _____

Parent or Guardian's Work Phone _____

Church with which camper will be attending camp with _____

City _____

Phone _____

Occasionally, Northwest Ministry Network take photographs or make audio/video recordings of campers and/or adults involved in camp activities to be used in future promotional materials. Each Camper consents to the use of any photographs, audio or video recordings and grants permission to the Northwest Ministry Network to take such photographs and for use them in promotional activities and materials.

Complete BOTH SIDES of this form. If you are attending with your church, give this form and payment to your children's pastor/leader. Otherwise, return with payment to:

Northwest Ministry Network Camps, Attn: Cubby Graham
35131 SE Douglas Street, Suite 200 – Snoqualmie, WA 98065

CAMPER REGISTRATION *(continued)*

PLEASE CAREFULLY READ THIS ENTIRE REGISTRATION FORM.

This registration form has been provided to register your child for camp and to inform you of the guidelines, activities, and insurance coverage that will apply during your child's stay at Northwest Ministry Network Camps.

REFUNDS All fees are non-refundable. In cases of sickness or emergency refunds will be available up to the first day of camp less a \$25 handling fee. After this date, refunds will be prorated until noon on the third day of camp. Fees are transferable with notification to registrar **seven days** before the registered week. Failure to do so will result in a refund of **only one-half of the fee**. Registrations are accepted on a **"first-come first-serve"** basis.

Medical Consent

If it should become necessary for my/our child to receive medical treatment for any reason, I/we understand that the medical insurance policy for THE NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD (NWMN) acts in a primary position only when the participant is not already covered by insurance. Consequently, I/we agree to submit all claims first to my/our personal insurance company and then to the insurance company for THE NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD.

I/we also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the event which is over and above that which is covered by insurance.

In addition, I/we authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my/our child's health, and it is not advisable to take the time to contact me/us in advance. I/we waive my/our right to informed consent for such treatment and grant permission to an authorized representative of the Northwest Ministry Network to authorize reasonable medical care for my child if necessary.

I/we give my/our permission at the nurse's direction, to administer (please mark the applicable box/s)

Acetaminophen (such as Tylenol) Ibuprofen (such as Advil) Antacid (such as Tums)
 Anti-diarrhea products (such as Pepto Bismol) Other (specify) _____
to my child, _____ (Child's name).

Moreover, I/we understand that temporary emergency measures may be necessary to safeguard my/our child's health, and do hereby authorize and request THE NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD personnel to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my/our child can be safely transported to a doctor or hospital and I authorize reasonable medical care for my child if necessary.

Dated this _____ day of _____ 2011

Parent or Guardian's Signature _____

Printed Name _____

Witness Signature _____

Printed Name _____

Health Information

Name of families medical insurance company _____

Mailing address of the insurance company _____

Name of employer through which family's medical insurance is provided _____

Employer's group medical insurance account number _____

IF CAMPER SUFFERS FROM ANY OF THE FOLLOWING, PLEASE IDENTIFY:

Heart trouble Diabetes Skin Trouble Fainting Spells Lung Trouble
 Ear Trouble Allergies (specify) _____

Medical Allergies No Yes (specify) _____

Is the Camper Allergic to insect bites? No Yes (specify) _____

Date of last Tetanus shot (DPT or T2) _____

Does the camper require medication such as shots, drugs, or anything requiring control? _____

IF YES, PLEASE PLACE **ORIGINAL PRESCRIPTION BOTTLE ONLY** IN A PLASTIC ZIPLOCK BAG WITH THE CAMPERS NAME AND MEDICATIONS ON THE FRONT AND BRING TO CAMP NURSE AT REGISTRATION.

Other Health Concerns _____

If you answered "YES" to any of the above questions, please explain on a SEPARATE SHEET and attach to this application.

IN CASE OF AN EMERGENCY, PLEASE CONTACT

Name _____

Phone _____

Relationship _____

In case of an emergency, is there anything the camp nurse or doctor should know? _____

Doctor's Name _____

City _____ Phone _____