

## 2019 CAMP YAMHILL REGISTRATION & MEDICAL RELEASE FORM

### CAMPER INFORMATION:

Name: \_\_\_\_\_ Male / Female

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Cabin Mates Request (up to 2): \_\_\_\_\_

### MEDICAL INFORMATION:

Please list any allergies camper may & list any special needs or medical conditions: \_\_\_\_\_

Please list any medication, along with dosage and schedule: \_\_\_\_\_

\*All medication must be given to and dispensed by the Camp First Aid Person

Please list any food allergies: \_\_\_\_\_

### IMMUNIZATION RECORD: Please Check all That Apply:

Hepatitis B - Y / N    DTP – Y / N    Chicken Pox – Y / N    Tetanus – Y / N    Polio – Y / N    MMR – Y / N

Hepatitis A – Y / N

Insurance Carrier: \_\_\_\_\_ Group #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Check One.

(Winter Retreat, Men's Retreat, Women's Retreat & Teen Girl's – the lower amount if registered a week before the camp date, after a week before the higher amount.)

<input type="checkbox"/>	Winter Retreat	Grades 7 - 12	\$99 / \$109	<input type="checkbox"/>	1 <sup>st</sup> & 2 <sup>nd</sup> grade	Grades 1 - 2	\$45	\$45	*Camper Registration Fee if preregistered before <b>May 1 2019.</b>
<input type="checkbox"/>	Men's Retreat	All Ages	\$92 / \$102	<input type="checkbox"/>	3 <sup>rd</sup> & 4 <sup>th</sup> grade	Grades 3 - 4	\$285	\$255*	
<input type="checkbox"/>	Father/ Child	All Ages	See* below	<input type="checkbox"/>	5 <sup>th</sup> & 6 <sup>th</sup> grade	Grades 5 - 6	\$285	\$255*	
<input type="checkbox"/>	Women's Retreat	All Ages	\$85 / \$95	<input type="checkbox"/>	7 <sup>th</sup> & 8 <sup>th</sup> grade	Grades 7 - 8	\$300	\$265*	
<input type="checkbox"/>	Teen Girls	Grades 7 - 12	\$80 / \$90	<input type="checkbox"/>	High School	Grades 9 -12	\$300	\$265*	
<input type="checkbox"/>	Catalyst Retreat	Ages 18-29	\$50	<input type="checkbox"/>					

\*Father / Child - \$50 for 1 adult and any number of children - \$25 per extra adult

Authority is hereby granted to Camp Yamhill to place \_\_\_\_\_ (camper name) in the care of a legally qualified doctor, dentist, and/or hospital when in the Corporation's opinion it is necessary or the best option. Camp Yamhill is released from any liability in connection with the afore-named camper, except as covered by camp liability insurance. I agree that camp fees will be paid prior to my child attending the camp session and not refunded if my child leaves camp early for any reason other than sickness. I understand camp conduct policies as described at [www.campyamhill.org](http://www.campyamhill.org) and my child agrees to adhere by them. I agree that Camp Yamhill will not be held responsible if any of my child's property is lost, stolen or damaged during camp. I further consent to my child being photographed for purposes of recording the camp experience, that these photographs may be used on the camp's website or for other publicity purposes. I understand that my child will not be identified by name in any publication.

Parent / Guardian Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Camp Yamhill  
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