

2020 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.)

	Winter Retreat	Grades 7 - 12	\$99 / \$109	1 st & 2 nd grade	Grades 1 - 2	\$45	\$45	*Camper Registration Fee if preregistered before May 1 2020.
	Men's Retreat	All Ages	\$92 / \$102	3 rd & 4 th grade	Grades 3 - 4	\$285	\$255*	
	Father/ Child	All Ages	See* below	5 th & 6 th grade	Grades 5 - 6	\$285	\$255*	
	Women's Retreat	All Ages	\$85 / \$95	7 th & 8 th grade	Grades 7 - 8	\$300	\$265*	
	Teen Girls	Grades 7 - 12	\$80 / \$90	High School	Grades 9 -12	\$300	\$265*	
	Catalyst Retreat	Ages 18-29	\$50					

*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 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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Yamhill, OR 97148
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