

Camp Woodworth 2010 Registration Form

How did you hear about Camp Woodworth? Church Christian School
 Home School Convention Friend Other _____



Camper Registration Information (Father-Son and Mother & Me groups see below.)

(One camper per registration form, please make additional copies as necessary.)

Name: Last _____ First _____

Sex: M F Date of birth _____ Age _____

Address: _____

City _____ State _____ Zip _____

Day (____) _____ Eve (____) _____ Cell (____) _____

E-Mail: (for registration confirmation and last minute details) _____

Father's name: _____

Day (____) _____ Eve (____) _____ Cell (____) _____

Mother's name: _____

Day (____) _____ Eve (____) _____ Cell (____) _____

Emergency contact: Name _____ Phone _____

Physician: _____ Phone _____

Church: _____ Pastor _____

Roommate request: _____

Scholarship fund: Not every family can afford to send their child to camp. Your donation of \$10 or more will help us offset the cost of camp for these families, making their dreams a reality. Please consider joining us in this endeavor.

Father-Son and Mother & Me Registration Information

Parent name: Last _____ First _____

Address: _____

City _____ State _____ Zip _____

Day (____) _____ Eve (____) _____ Cell (____) _____

E-mail: (for your registration confirmation and last minute details) _____

Names and ages of family members attending:

Church: _____ Pastor _____

Camper Registration:

- Sapphires in the Rough (\$205)
July 11-16
- Rubies in the Rough (\$185)
July 18-23
- Diamonds in the Rough (\$185)
July 25-30
- Champions for Christ (\$185)
Aug. 1-6
- Ground Training (\$185)
Aug. 8-13
- Boot Camp (\$225)
Aug. 15-20

Tuition	\$ _____
Camp store	\$ _____
Scholarship fund	\$ _____
Late fee (\$30 after June 1)	\$ _____
Total due	\$ _____
Less deposit (\$50 min.)	\$ _____
Total due on arrival	\$ _____

Father-Son Weekends:

(\$275/two-person team, \$40 each additional person)

- Archery**
 June 11-13

- Backyard Ballistics**
 Aug. 6-8

Mother & Me Weekend:

(\$150/two-person team \$40 each additional person)

- July 23-24

Tuition	\$ _____
Add'l people (see above)	\$ _____
Scholarship fund	\$ _____
Late fee (\$30 after June 1)	\$ _____
Total due	\$ _____
Less deposit (\$100 min.)	\$ _____
Total due on arrival	\$ _____

Mail completed form with deposit or payment in full to: Camp Woodworth ♦ P.O. Box 415 ♦ Lakebay, WA 98349
 253-884-2365 ♦ www.campwoodworth.org ♦ info@campwoodworth.org

Camper Health History Form

Camper's name: _____ Soc. Sec. # _____
(for medical information only)

Special diet (if any): _____

Allergies: Bee stings Medication _____ Foods _____ Other (specify) _____

Are you subject to any of the following?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Homesickness |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Heart defect/disease | <input type="checkbox"/> Bleeding/clotting disorders | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Swimmer's ear | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Upset stomach | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Kidney trouble | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Sunburn | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Athlete's foot | <input type="checkbox"/> Asthma | <input type="checkbox"/> Psychiatric treatment | <input type="checkbox"/> Special diet |

Immunizations (approx. date): Tetanus _____ Mumps _____ Measles _____ Chicken pox _____

Describe any current condition requiring medication, treatment, or special restriction while at camp. If none, please indicate.

Describe any past conditions which required medical attention. If none, please indicate.

Any information you feel we need to know concerning the medical or emotional needs of the camper.

Is the camper on medication? _____ Any medication brought to camp must be accompanied by written instructions from a physician/parent and is to be turned in to be administered by the camp nurse. All prescription drugs must be brought to camp in the container in which they were issued (with medical orders and physician's name intact). Others will not be accepted. ****Note: Do not pack medication in suitcase** (aspirin, Tylenol®, Advil®, cold remedies, vitamins, etc.). It must be given directly to the camp nurse and must be picked up by an adult at the end of the session.

Any questions? Please call. (253) 884-2365

****Releases must be signed by a parent if under age 18 or by applicant if 18 or over.****

MEDICAL RELEASE: I give consent for emergency health care or surgical treatment. I hereby also waive the right to sue or bring legal action against Northwest Bible Ministries, Camp Woodworth, or any of its employees as a result of any and all injuries, damages, or losses sustained while participating in a camp program. I understand that special effort will be made to contact me in case of emergency.

PICTURE RELEASE: I give my permission for pictures taken during in camp activities to be used in camp promotional materials.

Signature _____
Date _____

INSURANCE

Please copy your insurance card front and back
(send copy with registration)

Name of insured _____

Social Security # _____

Name of employer _____

Group # _____

Name of insurance co _____

Policy # _____