



Christian Church (Disciples of Christ) in Arizona
 917 E. Sheridan Street, Phoenix, AZ 85006
 Office: 602/468-3815
 www.azdisciples.org

2018 CAMP REGISTRATION & PARENT/GUARDIAN CONSENT

All camps will share one week at camp, **Sunday, June 3rd – Friday, June 8th**
 Summer Camp 2018 will take place at Camp Pinerock, Prescott Camp will begin at 2pm and end at 11am
REGISTRATION FORMS WITHOUT PASTOR & PARENT SIGNATURES WILL NOT BE ACCEPTED
YOUTH WILL NOT BE ALLOWED TO COME TO CAMP LATE or LEAVE CAMP EARLY

CYF Conference (graduated 9th – 12th)
 Chi Rho Camp (graduated 6th – 8th)
 CCF Camp (graduated 3rd – 5th)
 Early Bird \$360 (by April 21st)
 Regular \$385 (after April 21st)

AFTER MAY 19th, REGISTRATIONS WILL BE CONSIDERED ON A CASE BY CASE BASIS.

**PLEASE MAKE CHECK PAYABLE TO YOUR CHURCH AND TURN REGISTRATION FORM IN TO CHURCH OFFICE.
 EACH CHURCH WILL SUBMIT ONE CHECK TO THE REGIONAL OFFICE FOR TOTAL NUMBER OF CAMPER.**

Youth Name _____ **Prefers to be called** _____
First M Last

Date of Birth _____ **Grade – Fall '18** _____ **Male** ___ **Female** ___
MM/DD/YY

Adult T-shirt Size
Please circle one

S M L XL XXL XXXL

Church _____
Name/City

Youth Email Address _____

Youth Residence: _____
Street Address Apartment #

Parent/Guardian: _____ (_____)
First/Last Relationship to Youth

Parent's Day Phone: _____ **Evening Phone:** _____

Cell/Pager Phone: _____

Parent's Email: _____
 All information regarding camp will be sent to this email address unless checked that you would prefer USPS mailings.

Others to Contact in an Emergency:

Name Relationship to Youth Phone

Name Relationship to Youth Phone

Media Release

I hereby assign and grant permission to the CCDOC in AZ the right and permission to use and publish the photographs/film/video/electronic representations and/or sound recordings made during Church Camp, June 3rd—June 8th, 2018. I specifically waive any rights to compensation I may have.

Signature of parent/guardian or adult: _____ Date: _____

ALL CELL PHONES BROUGHT TO CAMP WILL BE COLLECTED BY THE DIRECTORS AND PASSED BACK OUT AFTER CLOSING CIRCLE ON THE LAST DAY OF CAMP. THE CHRISTIAN CHURCH DISCIPLES OF CHRIST IS NOT RESPONSIBLE FOR ANY ITEMS OF VALUE THAT YOUTH OR STAFF BRING TO ANY REGIONAL ACTIVITY. YOUTH WHO ARE SENT HOME FOR ANY REASON WILL NOT BE ALLOWED TO RETURN TO CAMP AND WILL NOT RECEIVE A REFUND.

REFUND POLICY: IN THE EVENT THAT A CANCELLATION MUST OCCUR, PLEASE CONTACT THE REGIONAL OFFICE AT 602.468.3815.
 IT IS OUR POLICY THAT A 75% REFUND WILL BE GIVEN UP UNTIL MAY 1. AFTER MAY 1st a 50% REFUND WILL BE GIVEN.
 AFTER MAY 19th NO REFUND WILL BE GIVEN.

For Regional Office Use Only:

Postmarked Date: _____

Pastor Signature
 Parent Signature
 Money
 Waiver, Permission Slip, Covenant

Youth Medical History

Name of Youth: _____

Current Medical Condition: _____

Allergies: ___ Penicillin ___ Sulfa ___ Poison Ivy/Oak ___ Insect Stings ___ Other: _____
(include foods)

Vaccinations: _____ Current on all vaccinations (date of last tetanus shot _____)

Has had: ___ Chicken Pox ___ Measles ___ Mumps ___ Polio ___ Scarlet Fever ___ Whooping Cough

Health Problems: ___ Sleep Walking ___ Fainting ___ Cold ___ Sinus Condition ___ Sore Throat
___ Ear Infection ___ Cramps ___ Hyperventilation ___ Convulsions ___ Diabetes ___ Heart Disease
___ Skin Disease ___ Athlete's Foot ___ High Blood Pressure
___ Other _____
___ Behavioral _____

Restricted Activities/Dietary Needs:

Medications currently marked with NAME, DRUG & DOSAGE.
MUST be turned in to Camp Nurse when you arrive at camp.

___ Aspirin ___ Acetaminophen ___ Ibuprofen (as needed)

Name Dosage How often? Reason

Name Dosage How often? Reason

Name Dosage How often? Reason

Treatments by Physician Within Past 12 Months: (List most recent/current first.)

Treating Physician Phone Healed? Condition

Treating Physician Phone Healed? Condition

YES NO

___ ___ AUTHORIZATION to dispense PRESCRIPTION medications.

___ ___ OVER-THE-COUNTER MEDICINES, (Such as Tylenol, Ibuprofen, Pepto-Bismol) When Necessary.)

___ ___ PERMISSION FOR CAMP STAFF TO OBTAIN NECESSARY MEDICAL TREATMENT
(Emergency Contact will be contacted as soon as possible.)

Camper's Insurance Company _____ ID/Policy # _____

Name of Primary on Policy _____ DOB of Primary _____

Camper's Physician _____ Phone Number _____

PARENT SIGNATURE

DATE

Pastor Section:

Pastor's Signature _____

Day Phone _____

Pastor Notes: _____