

Camas Summer Camp '08

P.O. Box 304, Cashmere, WA 98815 - www.camasmeadows.org - (509) 548-6553

CAMPER REGISTRATION —>Use only one registration form per camper—Please print clearly.

—>CAMPER INFORMATION—>

Last Name _____ First Name _____ M/F ___ Age ___ Birthday _____

Address _____

Grade (fall '08) _____ I am a *first time* camper This is my _____ year at Camas Meadows

Church (if any) _____ City _____

Select Camp	Grade/Age	Dates	Cost
<input type="checkbox"/> JUNIOR HIGH TEEN CAMP 1	(entering 7-8)	June 30—July 5	\$170
<input type="checkbox"/> JUNIOR HIGH TEEN CAMP 2	(entering 7-8)	July 7—12	\$170
<input type="checkbox"/> SENIOR HIGH RETREAT	(entering 9-11)	July 14—19	\$170
<input type="checkbox"/> JUNIOR A CAMP	(entering 4-6)	July 28—August 2	\$170
<input type="checkbox"/> TEEN DISCIPLESHIP CAMP	(ages 14-19)	August 4-9	\$170
<i>This new camp is developed specially for Christian teens seeking a deeper relationship with Christ and understanding of their life in Him</i>			
<input type="checkbox"/> JUNIOR B CAMP	(entering 4-6)	August 18-23	\$170

Program Choices (check all that apply)

Cabinmate Request _____ (Not all requests can be accommodated.)

Swimming ___ Ability: Non-swimmer ___ Beginner ___ Intermediate ___ Strong ___

Paintball ___ Cost: \$15 (includes gear, air/co2, & 500 paintballs)

Horseback Riding (*junior camps only*) ___ * an additional form must be signed to participate

—>FAMILY INFORMATION—>

Father/Guardian Name _____ Mother/Guardian Name _____

Home Phone _____ Emergency Phone _____ Home Phone _____ Emergency Phone _____

Address _____ Address _____

_____ (if different than camper) _____ (if different than camper)

Other adults authorized to pick up child (must bring picture ID)

Name _____ Phone _____

—>MEDICAL INFORMATION—>

Medical Conditions or Limitations _____

Allergies _____ Date of Last Tetanus Booster _____

Current Medications _____

(Medications must be checked in with camp medical personnel. All prescription medications must be in original bottle with pharmacy label stating name and dosage.)

Emergency Medical Release

1) I give my child permission to participate in the activities of Camas Meadows Bible Camp. 2) I give consent to any emergency medical treatment deemed necessary by the Camas Meadows staff for my child until I can be reached.. 3) I absolve Camas Meadows Bible Camp and its personnel of liability for any accident or illness caused by my child's participation in the camp program. 4) The parents/guardians submitting this registration are those having legal custody over the child. 5) I understand that summer camp programs may include paintball, horseback riding, off site travel and/or off site swimming.

Parent or Guardian Signature _____ Date _____

—>FINANCIAL INFORMATION—>

Please mail camper registration with \$25 Deposit to CMBC

Total Due	\$ _____
<i>\$170 + paintball (optional)</i>	
Amount Enclosed:	\$ _____
Balance Due:	\$ _____

(for CMBC Office use only)

Camper Name

Amount received \$

Date Received

Scholarship awarded \$