

Camas Meadows Bible Camp

Jr. High Winter Blast 2018



March 9-11

*A winter retreat for
students in grades 6-8*

Registration

Last Name: _____

First Name: _____

Male: _____ Female: _____

Age: _____ Grade: 6 ___ 7 ___ 8 ___

Mailing _____

Address _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Email: _____

Home Church (if any):

Cabin Buddy: _____

Financial Information

Total Cost: \$110.00

*Please detach this registration form and
send with a \$25 non-refundable deposit to:*

Camas Meadows Bible Camp

Jr. High Winter Blast

P.O. Box 304

Cashmere, WA 98815

Amount Enclosed: \$ _____

Family/Health Information

Emergency Contact Info

Name of Parent/Guardian: _____

Phone Number: _____

Alt Phone: _____

Medical Information

Allergies: _____

Medical Conditions/Restrictions: _____

Last Tetanus Shot: _____

Insurance: _____

Policy #: _____

Doctor/Pediatrician: _____

Phone Number: _____

Emergency Medical Release & Liability Waiver

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 (parents will be notified as soon as possible). 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 parent/guardian submitting this registration are those having legal custody over the child. 5) I am not aware of any physical or other limitations that would hinder my child from participating in the camp program.

Parent/Guardian Signature Date