

# Camp Morrow Family Camp Registration Form

Parent(s) Name \_\_\_\_\_ Birthdays \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Child's Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Child's Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Child's Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_\_) \_\_\_\_\_  
Home His Cell Her Cell Home His Cell Her Cell

E-mail \_\_\_\_\_

Home Church \_\_\_\_\_

Camp Attending (Please circle the appropriate camp)

Adult Weekends: Hispanic Family Family Camp

Enclosed is my: Payment in Full \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_

(Note: all deposits are non-refundable and are applied towards the amount due)

Check if you would like information regarding camp scholarships.

How did you find out about Camp Morrow?

Friend  Church  Internet  Returning camper  Other \_\_\_\_\_

## Parent Guardian Agreement

I, the undersigned parent/guardian, submit this information in order that my child may attend Camp Morrow Bible Conference. I have made myself aware of the nature and extent of activities and represent to you the participant will be physically and mentally able to participate. • I agree that should it be necessary for my child to return home due to medical reasons or disciplinary action, I will hereby assume all transportation costs. • I understand this is an interdenominational Christian event and will have a spiritual emphasis. • I give permission for Camp Morrow to use any photo or video of my family in publications. I release my right to any kind of remuneration for said photos or videos. • By my signature I assume for my child the unavoidable risks inherent in all horse-related activities, including but not limited to, bodily injury and physical harm to horse, rider and spectator. The Inherent Risk Bill (HB 2650) states that those who choose to participate in equine activities assume an inherent risk of injury without incurring a liability for the owner. Camp Morrow assumes the primary responsibility to provide a horse which matches the rider's ability, proven tack, and to remove any dangerous obstacles from riding areas. • I, as parent/guardian, understand that every activity for youth does present a risk of injury or even death, rare as that may be, and I have advised the participant of those possibilities. I and the participant assume the risk and hold you, your agents, employees and representatives harmless for any liability to any other person or entity arising as a result of the conduct of the participant in this activity. I also agree to defend and indemnify you, your agents, employees and representatives against any claim or liability arising as a result of such conduct

Signature \_\_\_\_\_ Date \_\_\_\_\_

79551 Morrow Rd. Wamic, OR 97063 ~ 541-544-2971 ~ office@campmorrow.org

# Camp Morrow Medical Form

Name \_\_\_\_\_  
 ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Primary Phone # Secondary Phone #  
 ( ) Home ( ) Cell ( ) Work ( ) Cell ( ) Work ( ) Other

## Emergency Contact Information

Emergency Contact \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Primary Phone # Secondary Phone #

## Physician & Insurance Information

Doctor's Name \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Health Insurance Provider \_\_\_\_\_  
 Policyholder \_\_\_\_\_  
 Group ID # \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 Preferred Hospital \_\_\_\_\_

## Medications

- All medication (including "over-the-counter" meds) must be turned into the camp medic at registration.
- **No medication will be distributed without its original container.**
- If additional space is required, please use the back of this form.

Med \_\_\_\_\_ Dose \_\_\_\_\_  
 Condition \_\_\_\_\_  
 Instruction \_\_\_\_\_

Med \_\_\_\_\_ Dose \_\_\_\_\_  
 Condition \_\_\_\_\_  
 Instruction \_\_\_\_\_

Med \_\_\_\_\_ Dose \_\_\_\_\_  
 Condition \_\_\_\_\_  
 Instruction \_\_\_\_\_

Med \_\_\_\_\_ Dose \_\_\_\_\_  
 Condition \_\_\_\_\_  
 Instruction \_\_\_\_\_

**Additional information on back: ( ) Yes ( ) No**

## Medication Permission

I give the camp medic staff permission to give my child:  
 \_\_\_ Acetaminophen (i.e. Tylenol) \_\_\_ Ibuprofen (i.e. Motrin) \_\_\_ Antacid (i.e. Roloids)  
 \_\_\_ Benadryl \_\_\_ Mylanta \_\_\_ Imodium \_\_\_ Throat Lozenges \_\_\_ Neosporin  
 \_\_\_ Hydrocortisone Cream \_\_\_ Chlortrimeton \_\_\_ Calamine/Calydryl \_\_\_ Sudafed  
 \_\_\_ Topical Anesthetic Are you allergic to any medication? ( ) Yes ( ) No  
 If yes, please explain \_\_\_\_\_

## Health History

Health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If space is insufficient, please use the back of this form.

Date of last Tetanus booster \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please circle and explain all which apply.**

Diabetes Asthma Heart Problems Kidney Problems ADD/ADHD  
 Tuberculosis Fainting Tubes in ears Severe reactions to food, bee stings  
 Please explain \_\_\_\_\_

Any restrictions of activity due to disability or for medical reason? ( ) Yes ( ) No

If yes, please explain \_\_\_\_\_

Do you have any allergies? ( ) Yes ( ) No

If yes, please explain \_\_\_\_\_

Any special diet needs? (diabetic, food allergies, etc) ( ) Yes ( ) No

If yes, please explain \_\_\_\_\_

Any other medical conditions of which the camp staff should be aware? ( ) Yes ( ) No

Is so, please explain \_\_\_\_\_

## Emergency and Liability Release

The health information recorded on this form is correct as far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand all activities are completely voluntary. I recognize the inherent risk of injury in camp activities including, but not limited to, swimming, boating, archery, obstacle courses and horse activities. I understand Camp Morrow has taken safety measures, including having certified staff in CPR, first aid and water safety and making every effort to aid the safety of all camp staff and campers. However, I recognize Camp Morrow cannot ensure or guarantee the participants, equipment, grounds and /or activities will be free of accident or injuries. I am aware of (or have instructed my minor child) the importance of knowing and abiding by the camp rules and regulations, and I voluntarily waive any liability claim against Camp Morrow and camp personnel for damages, attorney fees, or expenses arising out of, or in connection with, any activities of the above organization. I understand transportation to and from camp (and any liability thereof) is the responsibility of myself or my minor child, and not of Camp Morrow.

I hereby grant permission for myself (or my child) to receive first aid and emergency treatment by the camp medic in the event of illness or injury, or by the hospital emergency room in case I cannot be reached immediately. This completed form may be photocopied to have a set available for transportation records and for the Camp Morrow office.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (if person is 18 years or older)

Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (if person is under 18 years old)

For office use only) Last Name

First Name