



# Camper Registration 2010

For \_\_\_\_\_ Camp  
(Middler, Junior/Jr. High, Senior High.)

Camp Dates \_\_\_\_\_ - \_\_\_\_\_  
(First day of camp) (Last day of camp)



### FOR CAMP USE ONLY

Deposit received \_\_\_\_\_  
Amt. \_\_\_\_\_ Ck # \_\_\_\_\_  
T-Shirt: Y or N \$5 Ck# \_\_\_\_\_  
Float Trip: Y or N \$65 Ck # \_\_\_\_\_  
Balance Due \_\_\_\_\_  
Paid \_\_\_\_\_ Ck # \_\_\_\_\_

Camper's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Please Print)

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
Street/PO Address City State Zip

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Entering Grade \_\_\_\_\_ Male/Female \_\_\_\_\_

If possible, please cabin with (optional, not guaranteed) \_\_\_\_\_

**T-shirts** are \$5.00 (Please include money with your camp deposit): Would you like to buy a T-Shirt \_\_\_\_ Y \_\_\_\_ N;

Please circle your size: Child – S M L XL Adult – S M L XL

**Senior High White Water Float Trip** (optional) \$ 65.00 \_\_\_\_\_ Y \_\_\_\_\_ N; Permission Slip w/Parent Signature and Payment due by June 1, 2010. Please Make Checks payable to White Cloud Rafting Adventures remit with registration or mail to Kari Hoagland, 11901 West Mesquite Dr, Boise, ID

Father's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ / (W) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ / (W) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (H) \_\_\_\_\_ / (W) \_\_\_\_\_

Church Name \_\_\_\_\_ City \_\_\_\_\_

**Have you ever been convicted of a crime? Yes or NO If yes, please explain on a separate sheet and remit with registration.**

**Campers:** So that the camp may be an experience of Christian Community, I agree:

1. To abide by the health, safety, and property rules of the camp & to conduct myself in a way which will make possible the Best Christian camping experience for everyone at my camp.
2. To give **all** medications, over-the-counter (aspirin, Motrin, diet pills, etc.) and all prescriptions, to the attending nurse at The beginning of my camp.

**Parents:**

1. I agree to allow my child's picture to be used in Cathedral Pines promotions.
2. I understand that, should my child violate any of the above, they may be sent home before the end of camp. If called, I will be responsible to arrange transportation home for this child.

\_\_\_\_\_  
(Signature of Camper)

\_\_\_\_\_  
(Signature of Parent or Guardian)

**Early Bird Registration for all camps is May 1, 2010. General Registration for all camps is June 1, 2010. All Season Passes must be purchased by May 1, 2010.** Please turn your registration form and non-refundable deposit of \$25 and T-shirt money of \$5 into your church office at least three (3) weeks before this date. The balance of the camp fee is due by two weeks before the camp. It is preferred that your church sends one check to cover all campers for each week. If your church is sending in your registration, the above deadline applies to ALL registrations. If you or your church has not received your confirmation within seven (7) days prior to the camp for which you are registered, please contact the camp program director to insure that you are registered. (khoagland@cathedralpines.org) **Registrations received later than June 1 will only be accepted with the approval of the Camp Program Director and Camp Director if space is available**

*"No camper shall be denied his/her camping experience at Cathedral Pines due to an inability to pay. If financial assistance is needed please contact your local church to determine availability of scholarship funds, if assistance is not available through your local church, or if you are in a position to contribute to the Cathedral Pines Scholarship Fund, contact Dave Wilcox, Camp Manager at (208) 726-5007 or Kari Hoagland, Program Director at (208) 375-7667; e-mail camp@cathedralpines.org*

**(Complete and Sign the reverse side of this form)**

**THE FOLLOWING CAMPER HEALTH HISTORY MUST BE FILLED OUT COMPLETELY**  
**An incomplete history, including signatures, is cause to refuse or delay acceptance of your application.**

	YES	NO		YES	NO
Appendicitis	___	___	Does child swim	___	___
Asthma	___	___	Hernia	___	___
Inhaler	___	___	Lung Problem	___	___
Convulsions	___	___	Skin Problems	___	___
Menstrual Problems	___	___	Diabetes	___	___
Digestive Problems	___	___	Mononucleosis	___	___
Ear Trouble	___	___	<b>KNOWN ALLERGY TO:</b>		
Emotional Trouble	___	___	Penicillin	___	___
Epilepsy	___	___	Other Drugs _____	___	___
Heart Trouble	___	___	Insect Stings	___	___
Back or Neck Problems	___	___	Foods _____	___	___
Surgery within the last 2 years	___	___	Last Tetanus Shot _____		
Type of Surgery _____			Measles Immunization _____		
			Childhood Immunizations Current	___	___

Camper Restrictions (As limited by physician – includes diet):

Describe any concerns the camp staff should know about your child. (Continue on a separate sheet if necessary.)

**Health Insurance: circle Yes or NO**

**If yes please attach a copy of your Health Insurance Card – front and back sides, thank you**

**Parents: Please read and sign below.**

The above Health History is correct. I understand the inherent risks involved in camping and, in the case of an emergency; I give my authorization to provide whatever emergency care is necessary for my child's safety. The camp is not responsible for accidents or injuries. I also give permission to the camp nurse to administer over-the-counter medications at his/her discretion.

Name of Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Signature of Parent/Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**This Portion is to be filled Out by Your Physician**

- FYI**
- Medications cannot be given without your physician's signature.
  - All medications must be in their original bottle.
  - For the dispensing of *any* prescription drugs, the camp must have:

Prescription Name(s) \_\_\_\_\_

Prescription Number(s) \_\_\_\_\_

Dosage Instructions \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

**PLEASE COMPLETE THIS ENTIRE FORM AND RETURN IT WITH FEE TO YOUR CHURCH OFFICE or**

REMIT TO KARI HOAGLAND  
 11901 WEST MESQUITE DRIVE  
 BOISE, IDAHO 83713 (208) 375-7667

**Revised Oct 2009**

Cathedral Pines Baptist Camp HC 64 Box 8296 Ketchum, Idaho 83340	Phone (208) 726-5007/Fax (208) 726-0941 E-mail: camp@cathedralpines.org www.CathedralPines.org
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