



2017 Camper Registration

FOR CAMP USE ONLY

Deposit received _____

Amt. _____ Ck # _____

Balance Due _____

Paid _____ Ck # _____

- Winter Retreat (January 27-29, \$79)
- Kids Camp (June 18-22, \$196)
- Sr. High Camp (June 25-30, \$245)
- Jr. High Camp (July 30-August 4, \$245)
- Fall Rally (October 20-22, \$79)

Camper's Name _____ Home Phone _____

Mailing Address _____

Street Address / PO Box

City

State

Zip

Email Address _____

Age _____ Date of Birth _____ Entering Grade _____ Male/Female _____

If possible, please cabin with (optional, not guaranteed) _____

Camp T-Shirt: Please circle your size: Child – S M L XL Adult – S M L XL

Parent/Guardian Name _____ Phone (H) _____ / (W) _____

Parent/Guardian Name _____ Phone (H) _____ / (W) _____

Emergency Contact Name _____ Phone (H) _____ / (W) _____

Church Name _____ City _____

Camper's: So that the camp may be an experience of Christian Community, I agree:

1. To abide by the health, safety, property, and behavioral rules of the camp.
2. To conduct myself in a way which will make possible the best moral camping experience for everyone at my camp.
3. 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.

Parent/Guardian:

1. Please **DO NOT USE** my child's picture in any Cathedral Pines promotional materials. Parent/Guardian initials _____.
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.

Camper's Signature: _____

Parent or Guardian's Signature: _____

Multiple campers from the same immediate family qualify for a discount (to youth camps only). The first child is the regular price. The second child is \$40 off the regular price. Subsequent children from the same family is \$60 off the regular price. This applies to summer camps.

Please turn your registration form and non-refundable deposit of \$25 into your church office at least three (3) weeks before June 3 for all summer camps & one week prior for all weekend retreats and camps.

The balance of the camp fee is due on the first day of camp. If you have not received your confirmation within seven (7) days prior to the camp for which you are registered, please contact the camp office to insure that you are registered (info@cathedralpines.org).

Summer registration fees include room and board, recreational activities including swimming, t-shirt, arts and craft and study materials.

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 the Camp Manager, Rudy Bauder, at (208) 726-5007 or via email at info@cathedralpines.org.

Please 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
Appendicitis		
Asthma		
Does the camper use an inhaler?		
Convulsions		
Menstrual Problems		
Digestive Problems		
Ear Trouble		
Emotional Trouble		
Epilepsy		
Heart Trouble		
Back or Neck Problems		
Surgery within the last 2 years		
Type of Surgery:		

	Yes	No
Hernia		
Lung Problems		
Skin Problems		
Diabetes		
Mononucleosis		
KNOWN ALLERGY TO:		
Penicillin		
Other Drugs		
Insect Stings		
Foods		
Are Childhood Immunizations Current?		
Last Tetanus Shot		
Measles Immunization		

Does the camper swim? Circle YES or NO

Camper Restrictions (As limited by physician—including 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.

Parent/Guardian: 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 signed 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 to CAMP.

Cathedral Pines and Easley Hot Springs are operated by the American Baptist Churches in Southern Idaho and is located in the Sawtooth National Forest.