

CAMPER APPLICATION

Parent/Legal Guardian: First Name _____

Parent/Legal Guardian: Last Name _____

Email Address _____

Address:

City

State

Zip

Father's Name: _____ Day Phone #: _____

Mother's Name: _____ Day Phone #: _____

Emergency Contact Name: _____ Day Phone #: _____

Person(s) authorized to pick up camper: _____

Participant first and last name: _____

Grade Leaving _____ Birth Day: _____

Allergies: _____

Medications: _____

Activity/Medical Restrictions: : _____

Medical Concerns (Check all that apply:)

Check all that apply: Convulsions ____ Fainting ____ Upset Stomach ____ Constipation ____ Lice ____

Diabetes ____ Asthma ____

Family Doctor: _____ Phone Number: _____

Which Valley Camp are you going to?

- ☐ June 20-24, Junior Camp \$99, Theme: Amazon Jungle Adventure
- ☐ June 20-24, Science Camp \$119, Theme: Amazon Jungle Adventure
- ☐ June 27-July 1, Junior Camp \$90, Theme: Kangaroo Trek
- ☐ June 27-July 1, Lodge Camp \$139, Theme: Kangaroo Trek
- ☐ July 5-8, Junior Camp \$89, Theme: Surfing South Seas
- ☐ July 5-8, Water Camp \$119, Theme: Surfing South Seas
- ☐ July 11-15, Junior camp \$99, Theme: The Pyramid Quest
- ☐ July 18-22, Junior Camp \$99, Theme: Escape the Dragon's Lair
- ☐ July 25-29, Junior camp, \$99 Theme: Westward Ho!

Walla Walla Valley Camps

Liability Waiver

Emergency Treatment Authorization

In case of emergency, I hereby give permission to the physician(s) selected by the **Walla Walla Valley Camp** directors to hospitalize, to secure proper treatment for, and to order injection, anesthesia, or surgery for my child. As parent or legal guardian of the applicant, I am in favor of him/her attending camp, and accept the conditions named. The health history and application information are correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted. In addition, I have read and understand this **EMERGENCY TREATMENT AUTHORIZATION** statement and give my full consent to the terms found therein. (This form may be photocopied for use out of camp.)

HEALTH RECORD

Medications: _____

Allergies: _____

Check all that apply: Convulsions ____ Fainting ____ Upset Stomach ____

Constipation ____ Lice ____ Diabetes ____ Asthma ____

Family Doctor: _____ Phone

Number: _____

Parent/Guardian Signature

_____ Date _____

Parents/Phone _____

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Contract of Release & Assumption of Risk Agreement

Parental Notification Policy

Since all treatment of campers shall be recorded, a record of all emergency and first aid treatment by **Walla Walla Valley Camp** staff and volunteers shall be filed in the **Walla Walla Valley Camp** health and medical files. After the initial examination, the parent or legal guardian shall be notified if condition warrants it, or if camper is sent to see the Physician or to an emergency department.

Activity Disclosure and Release for Participation in Walla Walla Valley Camp Program – Upper Columbia Conference of SDA

Walla Walla Valley Camp has done everything reasonable to assure that our camp programs have been made as safe as possible. However, we wish to inform you that camp activities are not without risk.

By signing below, I acknowledge that I have read the above two statements and consent to their conditions. I realize camp activities have inherent risks. I knowingly accept and assume this risk, and agree to release Walla Walla Valley Camp, its employees, and the Upper Columbia Conference of entities, and its parent organizations from liability in case of accident or illness. Walla Walla Valley Camp is not responsible for lost or damaged personal items, including cameras and personal recreational equipment, etc.

Parent/Guardian Signature

_____ Date _____

Release for Photography

I also agree that photographs and video of the applicant may be used for camp promotional material. Please circle one

Yes or No

Parent/Guardian Signature

_____ Date _____