

Welcome to the PNWD Church of the Brethren 2017 Summer Program at Camp Koinonia!

Kids Camp (2nd - 3rd grade) Tuesday (6 pm) **June 27** - Saturday (11 am) **July 1**
Junior Camp (4th - 6th grade) Monday (11am) **June 26** - Saturday (11 am) **July 1**
Junior and Senior High (7-12th grade) Sunday (5 pm) **Aug 6** - Saturday (11 am) **Aug 12**

We can't wait to see you at camp this summer! Following is some very important information for campers and parents/guardians:

What to Bring to Camp:	What <u>NOT</u> to Bring:
<ul style="list-style-type: none"> ✓ Bible ✓ Pillow ✓ Towel ✓ Toothpaste ✓ Sunscreen ✓ Warm Clothes ✓ Cool Clothes ✓ Sleeping Bag ✓ Toothbrush ✓ Soap ✓ Flashlight ✓ Bug Repellent ✓ Swimsuit ✓ Sturdy Hiking Shoes 	<ul style="list-style-type: none"> ⊗ Food ⊗ Drugs ⊗ Alcohol ⊗ Tobacco Products ⊗ Cell Phone ⊗ I-Pods / Electronics ⊗ Flip Flops ⊗ Weapons

Contact Information:

Our Camp Registrar this year is Roger Edmark! Registration forms will be processed through the Olympic View Community Church office. You can reach the office at 206.525.8900 with any questions.

Camp Koinonia is sponsored by the Pacific Northwest District of the Church of the Brethren. The Pacific Northwest District has offered summer camps at Koinonia for over fifty years. The Church of the Brethren has been a denomination for more than 300 years. For more information, please visit www.brethren.org. If you wish to inquire about the availability of the camp for retreats and camping events, please contact Camp Director Mike O'Cain at 509.674.5767. This year we are collaborating with the Northwest Regional Disciples to create unique multi-denominational camps for children and youth at Camp Koinonia. Come and experience some great camps as we explore the theme of "Branching Out".

Payment Information:

Please send the enclosed completed forms and payment* by mail to the following address:

Olympic View Community Church, 425 NE 95th Street, Seattle, WA 98115

Phone: 206.525.8900 / Email: ovsecretary@gmail.com / *make checks payable to Camp Koinonia

PNWD Church of the Brethren - 2017 Summer Camp
Medical & Signature Forms

★ Camper Contact Information ★

Personal Information:

First Name	Middle Name	Last Name
Gender	Birthdate	Grade (entering)

Mailing Address:

Street	Apt. #	
City	State	Zip

Contact Information:

Phone Number	Family E-mail Address
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Other Information:

Home Church	Parent / Guardian Name(s)
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★ Basic Medical Information ★

Allergies (*check all that apply*):

- | | | | |
|---|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Mildew/Mold | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Sulfa Type Drugs | | |

Food Allergies:

Other Allergies:

Health History (*check all that apply*):

- | | | | | |
|--|--|--|---|-----------------------------------|
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Major Surgeries | <input type="checkbox"/> Measles | |
| <input type="checkbox"/> Serious Injuries | <input type="checkbox"/> Sinus Infection | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Stomach Upsets | |
| <input type="checkbox"/> Chronic Health Issues | <input type="checkbox"/> Constipation | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infection | |

Are camper's immunizations up to date? Yes No

Please list other conditions, health history details, and any special concerns / medical needs:

Parent/Guardian Consent

I consent for my child to attend the above identified camp hosted by the PNW District of the Church of the Brethren. I have read and understand the Camper Covenant. I understand photographs will be taken at the event and consent for their use in promotional materials. During travel to and from the event and during its duration, including off-site hiking trips during the day, I consent for adult sponsors to perform basic first aid and authorize emergency medical care or surgical treatment for my child in the event that I cannot be reached immediately for my permission.

Parent/Guardian Signature _____ Date _____

Pastor Signature

I understand the above youth will attend the above identified camp hosted by the PNW District of the Church of the Brethren.

Pastor Signature _____ Date _____

★ Payment Information ★

Camp Fees and Payment Due

You have registered to attend:

Kids Camp (2nd & 3rd grade): June 27-July 1

Junior Campers (4th - 6th grade): June 26-July 1

Jr. & Sr. High Campers (7th-12th): August 6-12

Amount due is:

\$175 (after May 16, fee increases to \$190)

\$275 (after May 16, fee increases to \$290)

\$285 (after June 27, fee increases to \$300)

Scholarship Awards:

Ray & Jesse Verbeck Scholarship: \$ _____

Scholarship from home church: \$ _____ / Congregation: _____

Total Payment Due: \$ _____

Send completed forms and payment by mail checks payable to Camp Koinonia) to the following address:

**Attn: Camp Registrar
Olympic View Community Church of the Brethren
425 NE 95th Street, Seattle, WA 98115**

Questions? Call us at (206) 525-8900 or email: ovsecretary@gmail.com