

Northwest Regional Christian Church (Disciples of Christ) and  
Pacific Northwest District Church of the Brethren  
**2018 Youth Summer Camp Registration**



Please print clearly!

**Camper Information**

Personal Information

First Name	Middle Name	Last Name
Gender	Birthday	Grade (Entering)

Mailing Address

Street	Apt #	
City	State	Zip

Contact Information

( ) -	@
Primary Phone Number	Family Email Address

Other Information

Home Church (with City)	Parent/Guardian's Name(s)
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**Camp Information - Select by Grade**

**Ecumenical Camps at Koinonia, Cle Elum, WA**

The NWRCC directors and counselors, along with Church of the Brethren counselors, are again collaborating to create a unique, multi-denominational camp, offered to both our regions. With a summer curriculum focused around "Use What Ya Got," this is a great opportunity and will be a very meaningful experience for campers.

Chi-Rho Jr. High 7th-9th Grade August 5-11, 2018  
Early Rate \$285 if Postmarked by June 25, 2018  
Regular Rate \$300 June 26 - July 16 (No Later)

CYF High School 10th-12<sup>th</sup> Grads August 5-11, 2018  
Early Rate \$285 if Postmarked by June 25, 2018  
Regular Rate \$300 June 26 - July 16 (No Later)

**Disciples Camps at Gwinwood, Lacey, WA**

Kids 2nd-3rd Grade July 16-19, 2018  
Early Rate \$165 if Postmarked by June 4, 2018  
Regular Rate \$180 June 5 - June 25 (No Later)

Junior 4th-6th Grade July 16-21, 2018  
Early Rate \$275 if Postmarked by June 4, 2018  
Regular Rate \$290 June 5 - June 25 (No Later)

**Brethren Camps at Camp Koinonia, Cle Elum, WA**

Kids 2nd-3rd Grade August 21-25, 2018  
Early Rate \$185 if Postmarked by July 9, 2018  
Regular Rate \$200 July 10 - July 30 (No Later\*)

Junior 4th-6th Grade August 19-25, 2018  
Early Rate \$285 if Postmarked by July 9, 2018  
Regular Rate \$300 July 10 - July 30 (No Later\*)

\* Late registrations only allowed with permission of Camp Directors

**Family Discount: If you have three or more campers this year residing in the SAME household, subtract 15%.**

\$165-15%= \$140 | \$180-15%= \$153 | \$185-15%= \$157 | \$200-15%= \$170 |  
\$275-15%= \$233 | \$285-15%= \$242 | \$290-15%= \$246 | \$300-15%= \$255 |

### Basic Medical Information

Allergies (circle all that apply)

Aspirin      Bee Stings      Mildew/Mold  
Penicillin      Seasonal Allergies      Sulfa Type Drugs

Food Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Health History (circle all that apply)

ADD/ADHD      Asthma      Bed Wetting      Chicken Pox      Constipation  
Diabetes      Ear Infection      Epilepsy      Fainting      Measles      Sore Throat  
Sleep Walking      Stomach Upset      Sinus Infection      HIV/AIDS      Major Surgeries  
Chronic Health Issues      Serious Injuries

Are Camper's immunizations up to date?     YES     NO

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Medication

Please list current medications (including over-the counter). All medications must be sent to camp in original containers to be turned over to a designated counselor at registration. A counselor will monitor and distribute medication as specified here below.

Medication: _____	Dose/Time: _____
Medication: _____	Dose/Time: _____
Medication: _____	Dose/Time: _____
Medication: _____	Dose/Time: _____

### Insurance

Insurance:     YES     NO      Provider: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Group #: \_\_\_\_\_

Physician: \_\_\_\_\_      Physician Phone # : (      ) \_\_\_\_\_

### Emergency Contacts

1st Emergency Contact (must be a parent or guardian)

\_\_\_\_\_  
Name      (      ) -      Home/Cell Phone      Relationship to Youth

2nd Emergency Contact

\_\_\_\_\_  
Name      (      ) -      Home/Cell Phone      Relationship to Youth

## Signatures

### 1. Camper Signature

#### Camp Covenant

I agree to participate fully in this event and cooperate with event leaders. I will not bring electronic games, devices used to watch shows/movies, tobacco, marijuana, alcohol, illegal drug/drug paraphernalia, fireworks, knives, firearms, other weapons, or anything intended to cause harm to myself or others. I will respect the campgrounds and camp property by keeping it clean and damage free. Cell phones are allowed as cameras and during "cabin time" only. Phone calls are for emergency situations and should be arranged by the event director. I acknowledge that if I break this covenant, or do anything to harm myself or others on the event site; I will be sent home at the expense of my parent(s)/guardian(s).

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Camper Signature

Date

### 2. Parent/Guardian Signature

#### Parent/Guardian Consent

I consent for my child to attend the above identified camp hosted by the Northwest Regional Christian Church. I have read and understand the Camper Covenant. I acknowledge that I will be personally responsible for picking up my youth from the event if they violate any part of the 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, I consent for adult sponsors to perform basic first aid and authorize emergency medical care or surgical treatment for my child (if under 18) in the event that I cannot be reached immediately for my permission.

#### Photos

Photographs that include your child could be taken at this event. Your signature below is consent for their use in future promotions or other Regional work.

\_\_\_\_\_ *Photo Opt Out:* Please initial here if you do NOT consent to use of your child's photo.

#### Payment Policy

I understand that if my camper cannot attend, I will receive a full refund, minus a \$50 administration fee, up to three weeks before the first day of their camp. Refunds will not be issued less than three weeks before their camp. I understand that forms submitted after the deadline will be evaluated on a case by case basis up until a week before camp. All completed forms and fees must be received by the Regional Office no later than one week before camp.

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Parent/Guardian Signature

Date

### 3. Pastor Signature

#### Acknowledgement and Comments

I understand the above youth will attend the above identified camp hosted by the Northwest Regional Christian Church.

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Pastor Signature

Date

Feel free to provide any comments or observations which will help this camper have a rewarding experience at camp.

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**For Ecumenical and Disciples camps, mail completed forms and payment to (make checks payable to NWRCC):**

Northwest Region of the Christian Church (Disciples of Christ) PO Box 23819, Federal Way, WA 98093

Fax: (253) 656 - 5715

Phone: (253) 893 - 7202 ext. 1 [asaladino@disciplesnw.org](mailto:asaladino@disciplesnw.org)

**For Brethren camps, mail completed forms and payment to (make checks payable to Olympic View Church):**

Olympic View Community Church 425 NE 95<sup>th</sup> Street, Seattle, WA 98115

Phone: (206) 525 - 8900 [ovsecretary@gmail.com](mailto:ovsecretary@gmail.com)