

2019 Camp Fircroft Camper Registration Form

Which Camp will your student be attending? (check the appropriate space)

- ___ **High School (Entering 9th - 12th grade - & UNDER 18 - July 8-13)** Dean: Pstr. Noah McKenzie 260-4265
- ___ **Elementary (Entering 3rd - 5th grade - July 15-19- note: shorter week)** Dean: Pstr. Darrell Weiland 290-0139
- ___ **Jr. High (Entering 6th - 8th grade - July 29-August 3)** Dean: Pstr. Rob Douglass 756-2591

PLEASE READ ALL THE DIRECTIONS CAREFULLY!

- The cost for **High School and Jr. High Camp** is **\$155.00** IF you send your registration in by the **June 23rd** deadline. **Elementary Camp** is **\$120** if registered by **June 23rd** **REGISTRATIONS RECEIVED AFTER THE JUNE 23rd DEADLINE WILL BE CHARGED AN EXTRA \$25 SO PLEASE GET YOUR REGISTRATION IN EARLY!**
- PLEASE ALSO NOTE: These prices do not include paintball, see below.
- If **additional children in the same family** are coming to camp, **the first child is full price**, but there is an additional **\$20.00** discount for each added child/teen, if registered by **June 23rd**.)
- **NEW: No refunds for cancellations made less than 48 hours before the beginning of camp.**
- You can also register online at: campfircroft.com
- **REGISTRATION QUESTIONS???? Call Stacy Taylor at (541) 347-4464 or contact your pastor.**

Please make your check payable to: *Camp Fircroft* and send your registration and fee to:

**STACY TAYLOR- 54794 BEAR CREEK ROAD
BANDON, OR 97411**

Name of Student _____ Gender: M F Grade in Fall _____ Age at camp _____

Name of Parents (Please Print) _____

Home Address _____

City and State _____ Phone (____) _____

Church regularly attending _____

Circle T-Shirt Size desired: **Child Size:** S **OR** **Adult Size:** S M L XL XXL XXXL

I authorize the person in charge of first aid duty at Camp Fircroft to administer first aid as required for illness or injury. In the case of emergency, I understand that all reasonable attempts to contact me at (phone #) (____) _____ or at (emergency phone #) (____) _____ will be made. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Camp Fircroft to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child (named above.)

I further authorize the camp to use photos or videos taken of my child at camp for Fircroft promotion and advertising including print media for camp brochures, articles, and camp website. In addition, some activities may be offsite. (Transportation will be provided by the camp for such events.) At no time will camp photos be used by unrelated organizations.

Signature of Parent or Guardian

Date

MEDICAL INFORMATION for: Name of Student _____ DOB _____
(Required for hospital admission)

Name of student's Physician _____ Phone No. (____) _____

I understand that my medical insurance is the primary insurance for my student and that Camp Fircroft insurance may not be adequate or may not apply to any injury my student might receive. The student named above is covered by medical insurance as follows:

Insurance Company _____ Policy or Group Number _____

Please state any restrictions, physical impairments and necessary limitations of activities, or write "none": _____

Known Allergies: _____ Bee stings? If yes, reaction: _____

Medically Required Dietary Restrictions: _____

Are all immunizations up to date? _____ If no indicate: _____ Date of last tetanus shot: _____

Other pertinent medical or health issues (I.e. diabetes, asthma, heart problems, seizures, etc.). Please include those issues requiring medications: _____

Medication Policy: All medications, including over-the-counter, brought to Camp Fircroft **MUST** be checked in with the camp medical staff at registration. All prescription medications **MUST** be in the **ORIGINAL CONTAINER** with the camper's name, name of medication and directions clearly marked on the pharmacy label by the pharmacist. If a prescription changes from that on the label, a written prescription for the changed dose **MUST** accompany the bottle. All over-the-counter medications **MUST** be in the original container and accompanied by parental instructions. **Medications not complying with this policy will NOT be given.**

MEDICATION INFORMATION

Current Prescription Medications: _____

_____ **As this may change by the start of camp, please bring updated list with medications.*

The following medications (or generic substitutes) may be administered when deemed appropriate by the Camp nurse or medic. Please check any medication the camper should **NOT** receive:

- | | |
|---|---|
| <input type="checkbox"/> Benadryl/Diphenhydramine | <input type="checkbox"/> Claritin/Loratadine |
| <input type="checkbox"/> Hydrocortisone 1% Cream | <input type="checkbox"/> Calamine/Calydryl |
| <input type="checkbox"/> Ibuprofen/Advil/Motrin | <input type="checkbox"/> Tylenol/Acetaminophen |
| <input type="checkbox"/> Tums | <input type="checkbox"/> Refresh Plus Eye Drops |
| <input type="checkbox"/> Imodium | <input type="checkbox"/> Mylanta/Maalox |
| <input type="checkbox"/> Triple Antibiotic Ointment | <input type="checkbox"/> Aloe Vera Gel with Lidocaine |
| <input type="checkbox"/> Throat Lozenges | <input type="checkbox"/> Betadine/Bactine/Hibiclens |

Please note: Camp Fircroft has a no-nit/lice policy. There will be a required head-check for all campers on registration day. Affected students will be required to return home for at least 24 hours for treatment before returning to camp. Returning students will be rechecked before being admitted to camp.

For Camp Registrar Use Only:		
Date Application Received _____	Amount Paid _____	Balance Due _____
Paintball Fee or N/A: _____		Cabin # _____
If Scholarship provided, Church sponsoring: _____		

Fircroft Paintball Registration (JR. HIGH AND HIGH CAMP ONLY)

Fircroft supplies facemasks, paintballs, and guns for play, Students may bring their own paintball guns-their use subject to the approval of the range master. **The cost is \$30** for Jr. High and High School. This is **above registration cost** to cover the cost of materials. All participating students must submit this waiver signed by a parent and **must** be properly equipped before playing. Clothing recommendations:

1. Loose-fitting, thick clothing like a thick sweatshirt. Guys may want to consider wearing a cup.
2. A baseball cap worn backwards is a good idea for protection of the top of your head and back of neck.
3. Camouflage gear welcome.

Adult Supervisors will enforce safety and rules of play during all paintball games. Any camper failing to obey these rules may lose playing privileges for that day or week.

Liability Release for Paintball

Fircroft adult staff supervision will do everything possible to keep every camper safe during this activity, however, even with the best of planning unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in this activity. They also agree not to hold this camp or its staff, volunteers, or partner churches liable for the damages, losses, or injuries to their child or property. The parent/guardian understands that they are signing for the minor listed on this form. This liability release is valid one year from the signed date.

Student Signature: _____ **Parent/Guardian Signature:** _____ **Date:** _____