

# CASCADE FRIENDS CAMP 2010

## Camper Registration

Please follow these steps for Registration.

1. Required Forms: *Camper Registration*, and *Transportation Release*, and *Medical Release* (one completed for **each** registered camper), and *Hold Harmless Waiver Camp Rules Agreement*.
2. The Climbing Tower and the Zip Line are both free.
3. The Zip Line minimum age is 5<sup>th</sup> Grade.
4. Include your Registration Fee(s), plus any additional fees (t-shirt and/or canteen).
5. Make all checks payable to: Cascade Friends, 12409 227th Ave SE, Monroe, WA 98272-8700

For **both** the Climbing Tower **and** the Zip Line, please specify “Yes” or “No” for each camper registering.

Climbing  
Tower                  Zip Line

Camper's Name	Gender	Birth Date		
Camper's Name	Gender	Birth Date		
Camper's Name	Gender	Birth Date		
Camper's Name	Gender	Birth Date		
Camper's Name	Gender	Birth Date		

Address \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (cell) \_\_\_\_\_ (home) \_\_\_\_\_

E-Mail \_\_\_\_\_

Home Congregation \_\_\_\_\_

CAMPER REGISTRATION (\$265 before discount deadline or \$275 thereafter.)					\$ _____ ea.
Number of campers registering					x _____
Total camper registration fees					\$ _____
T-SHIRT					\$15.00 ea.
	Sml	Med	Lrg	XLrg	
Number of T-Shirts purchasing					x _____
Total amount for T-Shirts					\$ _____
CAMPER CANTEEN DEPOSIT (Amount optional.)					\$ _____ ea.
Number of camper Canteen Deposits					x _____
Total amount for camper Canteen Deposit					\$ _____
<b>TOTAL AMOUNT DUE:</b> (Sum of all “\$” boxes above.)					<b>\$ _____</b>

\_\_\_\_\_  
(Registration Fee enclosed for Camper(s) last name(s).)

\_\_\_\_\_  
(Payer's name on check.)

**CASCADE FRIENDS CAMP 2010**  
**Transportation Release**

Transportation *To Camp* and *From Camp* will be the responsibility of each registered camper's parent or legal guardian.

Please enter the name of the parent or legal guardian who will be providing transportation for your registered camper(s):

To Camp: \_\_\_\_\_  
(Please Print Name of Parent or Legal Guardian driver)

From Camp: \_\_\_\_\_  
(Please Print Name of Parent or Legal Guardian driver)

The above parent or legal guardian drivers will be providing transportation for the following registered camper(s):

Registered Camper Name: \_\_\_\_\_

Registered Camper Name: \_\_\_\_\_

Registered Camper Name: \_\_\_\_\_

Registered Camper Name: \_\_\_\_\_

Registered Camper Name: \_\_\_\_\_

Registered Camper Name: \_\_\_\_\_

It may be necessary for Cascade Friends to transport your camper(s) during the course of the camp. If you consent to this, please print your name in the blank and sign below.

I, \_\_\_\_\_, permit Cascade Friends or its designee to transport the camper(s) registered on this form at Cascade Friends' discretion during the course of the camp.

X \_\_\_\_\_ Date \_\_\_\_\_

# CASCADE FRIENDS CAMP 2010

## Camper Medical Release

This form must be completed and signed by each registered camper's parent or legal guardian and accompany each camper's *Camper Registration*. Attendance at camp is otherwise denied. All information found herein will be kept confidential; however, this information may be used by Cascade Friends to determine the below registered camper's participation in any camp activity throughout the week.

### Registered Camper's Information:

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parents' Names \_\_\_\_\_  
Parents' Phones \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Home) (Mobile) (Work)

### Alternate Emergency Contact Information:

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Relation to camper \_\_\_\_\_

### Medical Insurance Information:

Company name \_\_\_\_\_ Policy # \_\_\_\_\_

### Yes/No

\_\_\_\_\_ Has this camper been hospitalized or treated by a physician within the last year?  
If yes, why? \_\_\_\_\_  
\_\_\_\_\_ Has this camper had a tetanus shot within the past five years?  
\_\_\_\_\_ Does this camper have any known allergies to:  
Food \_\_\_\_\_  
Medications \_\_\_\_\_  
Environmental (pollens etc.) \_\_\_\_\_  
\_\_\_\_\_ Does this camper have any physical or medical condition that we should be aware of?  
If yes, what? \_\_\_\_\_  
\_\_\_\_\_ May we give this camper Tylenol/Advil if needed?  
\_\_\_\_\_ Is this camper currently taking medication?  
If yes, what? \_\_\_\_\_  
How often? \_\_\_\_\_  
Will he/she be bringing it to camp? \_\_\_\_\_

IT IS CASCADE FRIENDS' POLICY THAT ALL MEDICATIONS BE TURNED OVER TO THE CAMP MEDIC UPON CHECK-IN. THE CAMP MEDIC WILL ADMINISTER EACH CAMPER'S MEDICATIONS PER ITS PRESCRIPTION. THIS POLICY INCLUDES ALL CAMPERS AND ADULTS IN ATTENDANCE.

### Parent's/Legal Guardian's Agreement:

During my absence, I hereby authorize all treatments and procedures as ordered or deemed necessary by Cascade Friends' Camp Medics, Lazy F Medics, local hospital physicians, nurses, or assistants, or local emergency medical services to be performed upon the above registered camper in any case of his or her illness, injury or health emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
( Parent or Legal Guardian )

# CASCADE FRIENDS CAMP 2010

## Hold Harmless Waiver and Camp Rules Agreement

In consideration of my participation in Cascade Friends Camp 2010 ("CFC 2010"), I hereby assume all risk of injury and loss, and I further release and hold harmless Cascade Friends, its directors, agents, designees, and staff, from liability of any personal injuries I may sustain as a result of my participation in CFC 2010, or that may arise as a direct or indirect result of any act or omission of any third party, including both on and off campground activities.

I agree to follow all Cascade Friends' policies, procedures and camp rules, to act in a responsible way, to respect all other people, and to respect Cascade Friends' property and the Lazy F's property and facilities.

I understand that Cascade Friends' Board of Directors is the sole party responsible for determining the grounds for my termination from CFC 2010, and that my participation in CFC 2010 may be terminated if I break this agreement; or if I act in a threatening manner towards other people, or towards Lazy F's and/or Cascade Friends' property; or if I behave in a manner which endangers me or others; or for any other grounds that Cascade Friends may determine to be valid. My parents or legal guardian are responsible for transporting me away from camp if my participation is terminated. I understand that Cascade Friends reserves the right to reject any registration.

I give my permission for photos taken of me while participating in camp to be used on the Cascade Friends website, in any camp slide show and in the annual scrapbook.

Camper Name	Camper Signature	Date
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Camper Name	Camper Signature	Date
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Camper Name	Camper Signature	Date
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Camper Name	Camper Signature	Date
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Camper Name	Camper Signature	Date
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If any of the above registered campers are less than eighteen years of age, their parent or legal guardian must sign below.

As parent or legal guardian of \_\_\_\_\_, I hereby sign this *Hold Harmless Waiver Camp Rules Agreement* on their behalf.

Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date
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