

2011 Camp Elkanah Registration & Medical Release Form (Both Sides Must be completed)

Name _____ Boy ___ Girl ___ Age _____ Grade Next Fall _____

Street Address: _____ City _____ State _____ Zip _____

Parent/Guardian (print): _____ Home Phone: _____ Work Phone: _____

Attend CBA Church _____ Attend Other Church _____ Attend No Church _____ Birthdate: ___/___/___

Cabin Pal: _____ Friends Registration & Deposit must be enclosed to qualify.

For Office Use Only
Date Rec'd ___/___/___
Camper Fee: _____
Reg. Fee Rec'd. _____
Family Discount _____
Balance Due: _____

Mark your Camp choice:

Primary Camp	June 17-19		\$75.00
Senior High Camp	June 19-24		\$160.00
Junior Camp	June 26-July 1		\$150.00
Junior High Camp	July 3-July 8		\$155.00

Make checks payable to Camp Elkanah. Enclose a \$30 non-refundable registration deposit. The balance of the camper fee is due 2 weeks prior to the first day of the camp session.
**Mail to: Camp Elkanah, PO Box 150
 La Grande, Oregon 97850**

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Camper Name _____ **Family Physician** _____ **Phone** _____
In emergency contact: _____ **Home Phone:** _____ **Work Phone** _____
Medical Insurance Company _____ **Policy Number:** _____
The following medications may be given when needed by the camp nurse. Please **mark** any the camper should **not receive**.
Benadryl Calamine/Calydryl Chlortrimeton Hydrocortisone Cream Ibuprofen Imodium
Mylanta Neosporin Sudafed Throat Lozenges Tylenol Topical Anesthetic
Date of last tetanus booster ___/___/___ **Known Allergies:** _____
Any current illness, conditions, precautions or helpful information: _____

Medication Policy: Medications brought to camp **Must** be checked in with camp nurse at registration. All prescription medications **MUST** be in original container with the camper's name, name of medication, and directions clearly marked on the pharmacy label. All over-the-counter medications **MUST** be in the original container and accompanied by parental instructions
I authorize the nurse at Elkanah to administer first aid for illness or injury under the camp physician's orders. In case of emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Camp Elkanah to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child (named above).
I voluntarily waive any claim against Camp Elkanah, its sponsoring institution, camp personnel, or other person(s) transporting my child, against all liability, claims, damages, attorney fees, expenses arising out of or in connection with any activities of the above organization.

Signature of Parent or Guardian: _____ Date ___/___/___

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