



Elderhostel at Tilikum – Grandchild Registration Form

Please complete both sides

Tilikum: Center for Retreats and Outdoor Ministries

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Intergenerational Elderhostel

Check One

- July 11-16, 2010, "Life at the End of the Oregon Trail"
- July 25-30, 2010, "Life at the End of the Oregon Trail"
- August 1-6, "Soar into Flight"

In order for your child to attend, please be sure to fill out both sides of this Registration Form and sign it where indicated (one form per child).

Grandchild Information

Child's Name _____

Home Phone # (____) _____

Parent/Guardian _____

Home Address _____

City _____ ST _____ ZIP _____

Daytime Phone # - Mom (____) _____

Dad (____) _____

Gender: Male Female Birth Date ____/____/____

Age _____

Emergency Contact (other than parent/guardian & grandparent in attendance)

Name _____

Relationship to camper _____

Work Phone (____) _____

Home Phone (____) _____

Needs Assessment

Are there any specific needs we should be aware of in regards to your child participating in this program (i.e. dietary needs, learning disabilities, phobias, etc.)?

Name of Grandparent(s) attending Program _____

Is your child arriving and departing Tilikum with their grandparent?

- Arriving Departing Both

Please note: Grandparents have received information about making transportation arrangements. If your child needs separate arrangements made, please contact Tilikum directly.

Health History

Child health and medical information needs to be made known to Tilikum/Elderhostel staff. Program personnel will hold this information in confidence. The grandparent(s) is responsible to notify you of any injury or illness that occurs while child is participating in this program.

Does this camper have allergies? Yes No If Yes, please list allergies, reaction and response to reaction. Use a separate sheet if necessary. _____

Please list all medication (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. It must be in the original packaging that identifies the prescribing physician, the name of the medication, dosage and the frequency of administration. Use additional pages if necessary.

This child takes NO medications on a routine basis This child takes the following medications:

MED #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

MED #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Is there any restriction of activity due to disability or for medical reasons? Yes No If yes, please explain _____

Are child's immunizations current? Yes No If no, please explain _____

Is the child covered by family medical/hospital insurance? Yes No - Carrier _____ Group ID# _____

Family Doctor or health care facility _____ Phone (____) _____

Family Dentist/orthodontist _____ Phone (____) _____

Emergency Authorization and Liability Release (Parent or Guardian signature is required in order for child to participate in Program)

This health history is correct so far as I know, and the person described above has permission to engage in all program activities except as noted. In the event I cannot be reached in an emergency, I hereby give permission first, to the grandparent(s) in attendance, and secondly to the physician and medical personnel selected by Tilikum/Elderhostel to arrange or provide necessary transportation, order x-rays, routine tests, release any records necessary for insurance purposes, to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied as needed by the camp or medical personnel.

I recognize the inherent risk of participating in camp activities and understand that Tilikum has provided safety measures as prescribed by the American Camp Association to ensure the safety of every camper. I release Tilikum, it's staff and advisory board members, George Fox University (GFU) and the GFU Board of Trustees from liability for any injury, loss or damage to the above named person or personal property, or death of the above named person, resulting from participating in activities associated with Tilikum.

I do I do not give permission to allow photographs, video tapes and quotes to be taken for publishing and used to illustrate, promote, and advertise Elderhostel and/or Tilikum. Permission defaults to Tilikum if a choice is not indicated.

Parent/Guardian Signature _____ **Date** _____

I agree to obey the rules and restrictions of the Elderhostel program that I am attending.

Child Signature _____ **Date** _____