

Tilikum 2009 Camper Registration Form

code _____
FOR OFFICE USE ONLY

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

Camper Information

Camper's Name _____ Home Phone # _____
Home Address _____ City _____ ST _____ ZIP _____
1st Parent/Guardian _____ Daytime Phone _____
2nd Parent/Guardian (optional) _____ Daytime Phone _____
Email Address _____

Gender: Male Female Birth Date ____/____/____ Age at camp _____ Grade in Fall _____

Emergency Contacts (other than parents/guardians):

1) Name _____ Relationship to camper _____
Work Phone _____ Home Phone _____
2) Name _____ Relationship to camper _____
Work Phone _____ Home Phone _____

HOMESCHOOL JUNE 8-12

- Day Camp: 1ST-6TH GRADE
- QUEST: (5 DAY) 6TH-8TH GRADES
- HAC: JUNE 8-11 (4-DAY RESIDENTIAL),
7TH-9TH GRADES

SUMMER OPEN REGISTRATION:

- Day Camp: 1ST-6TH GRADES
- QUEST: 6TH GRADE ONLY
- HAC: 7TH-9TH GRADES
- IMPACT: 10TH-12TH GRADES

SESSION DATE _____

(MUST BE PRE-APPROVED WITH TILIKUM OFFICE)

T-SHIRT (INCLUDED IN REGISTRATION FEE)

PLEASE MARK ONE SIZE:

Child: S M L
Adult: S M L XL

**NOTE: CHILD SIZES ARE NOT AVAILABLE FOR
QUEST, HAC OR IMPACT**

Needs Assessment

Is there anything your child's counselor should be aware of (i.e. changes in family life, learning disabilities, phobias, etc.)? _____

What goals do you have for your child at camp (i.e. social, spiritual, emotional, physical, etc.)? _____

Transportation: Camper will only be released to parents/guardians and emergency contacts listed on this form. (Use a separate piece of paper if necessary.) Parents/guardians must give written permission to Tilikum if they desire anyone other than themselves to transport campers home from camp. **You must have picture ID available at time of check out.**

Scholarship Info: Some scholarships are available through Tilikum. These are given based on need and on a first come, first served basis. Contact us for an application.

How did you hear about Tilikum? Church Friend Newspaper Website
 Home School Advertisement Other _____



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FAX (503)538-7536

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Web: www.tilikum.georgefox.edu

Breathe Deeply... Experience the Peace

Payment Information

Minimum payment required is a \$35 nonrefundable, nontransferable deposit per camper. This amount is subtracted from total camp fee.

Enclosed is \$ _____

(Check or money order made payable to Tilikum)

A \$25.00 Service Fee will be charged for all checks returned for insufficient funds.

You will receive a registration confirmation. Final payment is due 2 weeks before camp starts. **No Exceptions.**

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DATE DEPOSIT RVC'D ____/____/____ RVC'D \$ _____ CHECK/MONEY ORDER # _____
 CONFIRMATION SENT ____/____/____

Health History

Camper health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. Tilikum will notify parent/guardian of any injury or illness that occurs while camper is participating in camp.

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

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

This camper takes NO medications on a routine basis.

This camper 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? no yes, please explain _____

Indicate whether your child is current with the following immunizations: DTP (Diphtheria, Tetanus, Pertussis) no yes - Date (required) __/__/__

Polio no yes MMR (Measles, Mumps, Rubella) no yes Haemophilus influenza B no yes Hepatitis B no yes Chicken Pox no yes

Is the camper covered by family medical/hospital insurance? no yes - 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 CAMP!)

This health history is correct so far as I know, and the person described above has permission to engage in all camp activities except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician and medical personnel selected by the camp director 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 understand that Tilikum does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any such fees arising from injury or illness that may occur.

I recognize the inherent risk of participating in camp activities and understand that Tilikum has provided safety measures 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 do not give permission to allow photographs, video tapes and quotes to be taken for publishing and used to illustrate, promote, and advertise Tilikum and it's camp activities. Permission defaults to Tilikum if a choice is not indicated. (If you check "do not", your child will be excluded from the group photo.)

Releasor Signature (Parent/Guardian) _____ Date _____

I agree to obey the rules and restrictions of the Tilikum camp program I am attending.

Camper Signature _____ Date _____