



# Elderhostel at Tilikum-- Grandchild Registration Form

*Please complete both sides*

INTERGENERATIONAL ELDERHOSTEL  
"LIFE AT THE END OF THE OREGON TRAIL"

CHECK ONE:

- July 9-14, 2006
- JULY 23-28, 2006

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(s)/Guardian(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone # - Mom \_\_\_\_\_ Dad \_\_\_\_\_

Gender:  Male  Female Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

## Emergency Contact (other than parents/guardians & grandparent(s) in attendance)

1) 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/s 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.

FOR OFFICE USE ONLY  
DATE RVC'D \_\_\_/\_\_\_/\_\_\_

# 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.

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

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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 prescribing physician, the name of 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?  No  Yes, please explain \_\_\_\_\_

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Are child's immunizations current:  Yes  No If no, please explain \_\_\_\_\_

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Is the child 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 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  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 I am attending.

**Child Signature** \_\_\_\_\_ **Date** \_\_\_\_\_