



# 2018 Youth Camp Registration Form

## Wi-Ne-Ma Christian Camp

Mail Completed Form to:  
 Wi-Ne-Ma Christian Camp  
 5195 Winema Rd., Cloverdale, OR 97112

Camper's Full Name (Last, First): \_\_\_\_\_  
 Parents' or Guardians' Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_  
 Secondary Phone: \_\_\_\_\_  
 Home Church: \_\_\_\_\_  
 Camper to Return Home from Camp with: \_\_\_\_\_

Gender (circle one): Female Male  
 Birthdate: \_\_\_\_\_  
 Grade Next Fall: \_\_\_\_\_  
 Age at time of Camp: \_\_\_\_\_  
 Immersed:  Yes  No  
 Cabin Mate Request: \_\_\_\_\_

First Time at Wi-Ne-Ma?  Yes  No  
 How did you hear about us?  
 Friend  Church  Other: \_\_\_\_\_

Camp Session (Check One)	Entering Grades	Fee
<input type="checkbox"/> 1st Junior	June 18 - 23	4 - 6 \$220
<input type="checkbox"/> 2nd Junior	June 24 - 30	4 - 6 \$245
<input type="checkbox"/> 1st Junior High	July 8 - 14	7 - 8 \$245
<input type="checkbox"/> 1st High School	July 15 - 21	9 - 12 \$245
<input type="checkbox"/> First Chance	July 22 - 25	3 \$195
<input type="checkbox"/> 2nd High School	August 5 - 11	9 - 12 \$245
<input type="checkbox"/> 2nd Junior High	August 12 - 18	7 - 8 \$245
<input type="checkbox"/> 3rd Junior	August 19 - 25	4 - 6 \$245
<input type="checkbox"/> Christmas Camp	December 27 - 31	9 - 12 \$195

**To secure your place in a camp session, please submit a deposit of at least \$50 with this completed form.**

**CANCELLATION POLICY: If a registration is cancelled prior to the start of check-in for the camp session, we will refund all but \$50. If cancelled after the start of a session, there will be NO REFUND.**

### YOUTH CAMP HEALTH INFORMATION

**MEDICATIONS:** Prescriptions and over the counter drugs must be in their original containers and turned in to the First Aid Station for safe storage. List all medications you plan to bring, the dosage schedule, and the reason for taking them.

Medication Information: \_\_\_\_\_

Objectional medications we may NOT give to your camper: \_\_\_\_\_

**SPECIAL DIETS:** We are able to accommodate a wide range of special diet needs, including: vegan, gluten free, dairy free, etc. Refrigerated space is available upon request to further accommodate special dietary needs. Please note below.

Does your camper have any special diet needs?  No Yes: \_\_\_\_\_

**WELLNESS POLICY:** All campers should be free of the following symptoms for at least 24 hours prior to start of the Camp Session: fever of 100 degrees or more, vomiting, diarrhea, contagious skin infection, or lice. Campers with these symptoms will need to return home. In the event of injury or illness, parents will be notified and are expected to come and pick up their camper.

Does your camper have any allergies, activity restrictions, and/or medical conditions:  No Yes: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Group ID #: \_\_\_\_\_

### PERMISSION, EMERGENCY, LIABILITY, AND PUBLICITY RELEASE

I hereby verify that all immunizations are up to date and the above information is complete and accurate to my knowledge. I hereby grant permission for my child to receive first aid and emergency treatment as deemed necessary by Camp Management and the attending physician. I voluntarily waive any claim against Wi-Ne-Ma Christian Camp, Inc., Camp personnel, or other person(s) caring for or transporting my child against all liability, claims, damages, attorney fees, and expenses arising out of or in connection with the activities of Wi-Ne-Ma Christian Camp, Inc. I agree to notify the Camp of any changes prior to the start of the Camp Session. I give permission for Wi-Ne-Ma Christian Camp, Inc. to use any photo, video or interview of my family taken at Camp to be used to illustrate, report, promote, or advertise the ministry of Wi-Ne-Ma Christian Camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only Payment Amount: \_\_\_\_\_ From: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ From: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

# Wi-Ne-Ma Christian Camp 2018

## Youth Camp Policies and Information

**Register by mail:** Complete the information requested and mail us your completed registration form with the balance due, or a \$50 minimum deposit. Any remaining balance is due at check-in. It is important that the registration form is received in a timely manner, as some youth camps reach capacity. Please mail to Wi-Ne-Ma Christian Camp, 5195 Winema Rd., Cloverdale, OR 97112.

**Register Online:** Go to [www.winema.org](http://www.winema.org) and click on the Registration link.

**Cancellations:** Please notify us if you are unable to attend the Camp for which you have registered. If notification is received prior to start of registration/check-in, we will refund all but \$50 of your paid fees. If you do not notify us before registration begins, there will be **NO REFUND**. At least \$50 must be received with this registration form to hold your place in Camp.

*Thank you for giving us as much information as possible about your camper. Be sure to fill out the Registration and Health Form completely. Our prayer and aim is for your camper to experience God's love and hear His call upon their lives. Please let us know if you have any questions about their time at Camp.*

### ◆ **Parent/Guardian Information:**

**Arrival/Departure Times:** Getting campers to and from Camp is up to the cooperative efforts of parents and church leaders. Please plan to arrive within the specified time and arrange for prompt pick-up on the last day. Registration begins at 3:00 p.m. on Sunday for all Youth Camps. (First Junior Camp starts on Monday at 3:00 p.m.). The Camps conclude at 10:00 a.m. on Saturday (First Chance Camp concludes at 1:30 p.m. on Wednesday).

**What to Bring:** Campers should consider packing the following: Bible, pen, note pad or journal, sleeping bag/pillow, modest clothing/swim wear, warm and waterproof jacket, sandals, athletic shoes, toiletries, towels, and a flashlight. Please **DO NOT BRING** any form of tobacco, alcohol, illegal drugs or abuseable substances, electronic devices (including cell phones), weapons, or other items that might distract from the purpose of the Camp.

**Visitors/Security Policy:** For the security of the campers, all camps are closed to visitors who are not registered Campers or approved Camp or Program staff. This includes family members, relatives, and friends. All requests to visit the Camp must be made in advance by contacting the Camp Office at (503) 392-3362 or the Program Director of the Camp Session.

### ◆ **Youth Camp Health Information:**

**Wellness Policy:** All campers should be free of the following symptoms for at least 24 hours prior to start of the Camp Session: fever of 100 degrees or more, vomiting, diarrhea, contagious skin infection, or lice. Campers with these symptoms will need to return home. In the event of injury or illness, parents will be notified and are expected to come and pick up their camper.

**Health History:** Camper health and medical information needs to be made known to the Camp. Camp personnel will hold this information in confidence. If sufficient space is not provided, please describe on separate piece of paper and attach to this form.

If your child requires prescription medication, the following procedures must be observed:

- \* Prescription medication must be in its original container with an accurate pharmacy label indicating camper's name, medical provider, dose and timing. Send only the amount of medications the child might need while at Camp.
- \* Place all necessary medications (including over the counter medications) in a zip lock bag labeled with the Camper's name. Give to the Camp first aid person at the time of registration.

### **WI-NE-MA CHRISTIAN CAMP**

5195 Winema Rd., Cloverdale, OR 97112

(503) 392-3362, [winema@winema.org](mailto:winema@winema.org), [www.winema.org](http://www.winema.org)