

# Pacific Northwest Orthodox Youth Camp

## CAMPER APPLICATION

Name: \_\_\_\_\_  
Last First Nickname

Gender:  Male  Female Age while at camp \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade (Fall '17) \_\_\_\_\_

Parish: \_\_\_\_\_

T-shirt Size: Child  S  M  L Adult  S  M  L  XL  XXL

### Primary Custodial Parent/Guardian:

Name: \_\_\_\_\_ Primary Phone#: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Secondary Phone#: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Email: \_\_\_\_\_

Carefully read and sign below:

◇ This information is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I give permission to the camp to provide routine health care, administer over-the-counter medications, administer prescribed medications, and seek emergency medical treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for the camper. In the event I cannot be reached in an emergency, I give permission to the provider selected by the camp to secure and administer treatment, including hospitalization, x-rays, anesthesia and surgery for the person named above. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I further understand that I will be responsible for expenses not covered by my insurance.

◇ I understand all reasonable safety precautions will be taken by the Pacific Northwest Orthodox Youth Camp. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Pacific Northwest Orthodox Youth Camp, the Diocese of the West, or the Orthodox Church in America, its leaders, employees, and/or volunteers liable for damages, losses, disease, or injuries incurred by the subject of this form.

◇ I agree that my child will abide by all rules and guidelines set forth by the Pacific Northwest Orthodox Youth Camp for the safety and good health of the campers. I agree that if my child has to return home due to discipline violations, it will be at my own expense.

◇ I agree to indemnify and hold harmless the Orthodox Church in America, the Diocese of the West, the Pacific Northwest Orthodox Youth Camp, their leaders, employees, and/or volunteers from any expenses, losses, claims, or damages incurred as a result of the acts or omissions of the subject of this form. This completed form may be photocopied.

◇ I agree to indemnify and hold harmless the Pacific Northwest Orthodox Youth Camp, the Orthodox Church in America, their clergy, officers, employees, staff and volunteers from any and all expenses, claims, costs or attorney fees incurred as a result of claims, actions and/or suits brought by me, my child or on my behalf or on my child's behalf or by anyone else as a result of any accident or injury occurring to me or my child.

**Camper Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

## Health History and Emergency Information

Name: \_\_\_\_\_  

Last
First
Middle
Nickname/Preferred name

**Emergency Contact:**

Name: \_\_\_\_\_ Primary Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Secondary Phone#: \_\_\_\_\_  

Street Address

\_\_\_\_\_  

City
State
Zip

**A photocopy of the front and back of your health insurance card must be attached to this form.**

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

Insurance Holder's Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Check the box if you do not have medical insurance.

*PLEASE BE ADVISED that any costs incurred by medical treatment will be at expense of camper parent/guardian.*

Primary Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICATIONS:** Please list all medications currently being taken. Meds must be brought to camp in original, labeled container. *All campers must turn in medications to camp medic to be held and administered as directed.*

Drug name, dose (amount), time of administration and reason for taking:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Attach additional pages for more medications.

**ALLERGIES:** Please describe reaction and management of reaction.

Medication Allergies	Reaction and Management/Treatment
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Food Allergies	Reaction and Management/Treatment
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Other Allergies (stings, hay fever, asthma, dander, etc.)	Reaction and Management/Treatment
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**Over-the-counter medication that camper is permitted to take:**

Tylenol Products	Yes	No	Antacids/Laxatives	Yes	No	Antihistamines (Benadryl)	Yes	No
Ibuprofen Products	Yes	No	Throat lozenges	Yes	No			

**Other Important Medical Information:**

History of lacerations, injuries or illness: \_\_\_\_\_

\_\_\_\_\_

Emotional or mental health issues camp should be aware of: \_\_\_\_\_

**Immunizations: Please provide date of last immunization or up to date copy of immunization record**

Tetanus \_\_\_\_\_ Pertussis/DTaP \_\_\_\_\_ Polio \_\_\_\_\_ Varicella \_\_\_\_\_

MMR \_\_\_\_\_ Hib \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Hepatitis A \_\_\_\_\_

**Please sign below if your child is not immunized or not fully immunized:**

I understand that there are risks to sending my unvaccinated or partially unvaccinated child to the Pacific Northwest Orthodox Youth Camp and I give permission for my child to participate regardless of the risks. I understand the following, as it particularly relates to this camp:

- There may be other unvaccinated children at the camp, increasing the risk for disease outbreak.

Name of Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_