

2008 Wi-Ne-Ma Christian Camp

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

Youth Camp Registration Form

REGISTER ONLINE WWW.WINEMA.ORG

Camper's Full Name (Last, First): _____ Gender (circle one): female male
 Parents' or Guardian's Name: _____ Grade Next Fall: _____
 Mailing Address: _____ Age at time of Camp: _____
 City, State, Zip: _____ Birthdate: _____
 Email: _____ Immersed: yes no
 Home Phone: _____ Cabin Mate Request: _____
 Other Phone: _____
 Home Church: _____
 Camper to Return Home from Camp with: _____

Discounts available for early registration.

Camp Session (Check One)		BASE FEE
<input type="checkbox"/> 1st Junior	June 15-21	\$200
<input type="checkbox"/> 2nd Junior	June 22-28	\$200
<input type="checkbox"/> 3rd Junior	June 29-July 5	\$200
<input type="checkbox"/> 1st Jr. High	July 6-12	\$200
<input type="checkbox"/> 4th Junior	July 13-19	\$200
<input type="checkbox"/> 1st High School	July 20-26	\$200
<input type="checkbox"/> First Chance	July 27-30	\$150
<input type="checkbox"/> 2nd High School	August 10-16	\$200
<input type="checkbox"/> 2nd Jr. High	August 17-23	\$200
<input type="checkbox"/> Christmas Camp	December 27-31	\$150

Deduct \$15 from total fee if registration and full payment is received by **April 1**.
 Deduct \$10 from total fee due if registration and full payment is received by **June 1**.
 Deduct \$5 from total fee if registration and \$100 deposit is received by two weeks in advance of camp session (balance is due at check in).
 Full price (Base Fee) if registration is received within two weeks of camp session.
 Campships will be credited for \$100 against the fee due. In order to receive the discount, we must receive both the campership certificate and the balance by the due date.
If a registration is cancelled by the start of registration/check-in for the camp session, we will refund all but \$30.

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.

Please answer the following questions.

Does this camper have allergies? Yes No If "yes" please describe: _____

Please check and explain all that apply: Asthma or breathing difficulty Fainting/Convulsions Diabetes Severe reactions to bee stings Bed Wetting Heart Trouble Other Health Concern. Please explain. _____

Any current condition requiring medications? Yes No Instructions: _____

Any special diet needs? Yes No Instructions: _____

Any other medical conditions of which the Camp needs to be aware? Yes No Explain: _____

Do you carry family medical insurance? Yes No Carrier: _____ Group ID # _____

Any "Over the Counter" Medications that the Camp First Aid person MAY NOT give this camper? Please list: _____

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 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 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: _____

Do not write in this box -- office use only	Amt. Received: _____	From: _____	Date: _____
Date Postmarked: _____	Amt. Received: _____	From: _____	Date: _____
Date Received: _____	Balance Due: _____		

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Register by mail: Complete the information requested and mail us your completed registration form with Full Payment or \$100 registration deposit. It is important that the registration form in received in a timely manner. Come youth camps fill up.

Register Online: Go to www.winema.org and click on the Registration Link.

Cancellations: Please enclose full payment or \$100 registration deposit. Balance is due at registration. 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 by \$30 of your paid fees. If you do not notify us before registration begins, there will be NO REFUND. At least \$100 must be received with this registration form to hold your place in Camp.

Camp Contact Information	
Wi-Ne-Ma Christian Camp 5195 Winema Rd. Cloverdale, Oregon 97112	Phone: (503) 392-3362 Fax: (503) 392-3366 Email: winema@winema.org

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. The Camps conclude at 10:00 a.m. on Saturday (with the exception of First Chance Camp which 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 (503) 392-3362 or the Program Director of the Camp Session.

For more information go to www.winema.org or contact the Camp Office.

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Health History: Camper health and medical information needs to be made know 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 Campers's name. Give to the Camp first aid person at time of registration. This is usually the last person in the registration process.