



<b>Kid's Camp</b>	<b>\$100.00</b>	<b>July 6 - 8</b>
<b>Jr. Hi. Camp</b>	<b>\$125.00</b>	<b>July 12-15</b>
<b>Teen Camp</b>	<b>\$125.00</b>	<b>July 19-22</b>

# CAMPER REGISTRATION

**Kids Camp** - going into 2<sup>nd</sup>-4<sup>th</sup> Grade    **Jr. Hi. Camp** - going into 5<sup>th</sup>-8<sup>th</sup> Grade    **Teen Camp** - going into 9<sup>th</sup>-12<sup>th</sup> Grade

Registration for all camps is on-site beginning at 2pm on the first day of each camp  
All camps conclude at 11:00am on the last day of the specific camp

**These Camps Are Located At: Salmon Falls Retreat Center (home of Salmon Falls Bible Camp)**  
**11341 Washougal River Rd. ♦ Washougal, WA 98671 ♦ Camp Phone #360.837.3259**

**Make checks payable to "Grace International"**

<b>FOR OFFICIAL USE ONLY:</b>			
_____ CABIN / A-FRAME	_____ MEDICAL	<b>PAID BY:</b> <input type="checkbox"/> PERSONAL CHECK # _____	<input type="checkbox"/> CHURCH CHECK # _____ <input type="checkbox"/> CASH

### Camper Information:

Name: \_\_\_\_\_ Camp Attending: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (going into in fall): \_\_\_\_\_ Male  Female   
Parent/Guardian: \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_  
Church Name: \_\_\_\_\_ Youth Pastor's Name: \_\_\_\_\_ Senior Pastor's Name: \_\_\_\_\_

**Note: If parents plan to be out of town during camper's stay at our Grace Camps, we need to have a phone number to reach them.**

**Out of Town Phone Number:** (\_\_\_\_) \_\_\_\_\_

- I give my permission for my student to be photographed/recorded for future camp use only. Yes  No

- Is there a custody/parenting agreement for the student?  Yes  No

If yes, please give appropriate instructions, i.e.: visitors, permission to transport, etc. on the back of this sheet.

### Emergency Information:

In case of an emergency, we will contact the parent / guardian immediately. If we are unable to reach them, please list a secondary contact person who we can call. This contact person must be someone not living in the same household.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_

**Pastor's Signature** \_\_\_\_\_

### Medical Information:

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_  
Medications (Prescription and other): \_\_\_\_\_  
Date of last Tetanus Shot: \_\_\_\_\_ Any medical conditions that should be noted? \_\_\_\_\_

Allergies: Yes  No  If Yes, explain: \_\_\_\_\_

Does this camper have any special physical or medical needs we need to be aware of? If so, please explain: \_\_\_\_\_

Does this camper have any difficulty with night tremors, nightmares, overactive bladder or other? \_\_\_\_\_

We (I), the undersigned, parents/Legal guardian of \_\_\_\_\_ a minor, do hereby authorize NW Grace Intl leaders as agents for the undersigned to consent to any X-Ray, examination, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practices Act, or the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician, or at said hospital. It is understood that the authorization is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care within the aforementioned physician in the exercise of his/her best judgment may deem advisable. I hereby release Grace International Churches and Ministries Inc, NW Grace Int'l Youth Camps, Salmon Falls Retreat Center, and all its employees and volunteers, and it's agents from the liability for illness, injury, or personal property damage that may occur during or as a result of attending one of the camps. I give permission to the NW Grace International Youth Camps leadership to select transportation to their chosen physician. I grant permission to any medical facility to administer any medical treatment needed in case of any medical emergency. Any dispute arising between church or camp and participants in the activity will be settled by independent arbitration. I agree to be responsible for all costs associated with the medical care provided.

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

**For more information or questions contact Landmark Church: 360.687.3104**  
**Email: nwgicamp@gmail.com // Website: landmarkchurchbg.com**