



DATES: July 31st – August 6th, 2011

AGES: 8 to 18

PRIMARY ADULT LEADER: Doug Barber

ADULT LEADER(S): Rob Pope, Jonathan Odle

CAMPER(S) / STAFF NAME: _____ CHECK HERE IF STAFF:

ADDRESS: _____ (M) _____ (F) _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER: _____ CELL: _____

PARENTS' WORK NUMBER (DAD): _____ (MOM): _____

GRADE CAMPER WILL ENTER IN FALL: _____ AGE: _____

Need transportation from I.F. to camp? YES _____ NO _____ EMAIL: _____

Need transportation from camp to I.F.? YES _____ NO _____

T-shirt Size (adult sizes): S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____

Camper Medical Information:

Is camper on any regular medication? YES _____ NO _____

If YES, explain: _____

If yes, all medication must be turned over to the camp nurse with written instruction for administration at the proper time.

Date of Last Tetanus Shot: _____

List Any Allergies (Camper needs to bring own "epi-pen", if needed):

Bee Stings: _____

Animals (list) : _____

Food (list) : _____

Medication (list) : _____

Other (please list) : _____

Does camper have:

Asthma? YES _____ NO _____

Diabetes? YES _____ NO _____

Heart Problems? YES _____ NO _____

Other special medical issues? _____

Any known health factor that requires restriction of physical activity? YES _____ NO _____

If YES, explain: _____

Any fears or emotional considerations which the staff should be aware of? YES _____ NO _____

If YES, explain: _____

Will elevation of 8,000 feet affect camper? YES _____ NO _____

Does camper wear contacts? YES _____ NO _____

Name of Doctor: _____ Phone: _____

Address: _____ City/State: _____

Name of Insurance Company: _____ Phone: _____

Emergency Contact Information:

Primary Contact Name _____ Phone: _____

Secondary Contact Name _____ Phone: _____



**Palisades Christian Camp Registration Form
Permission, Medical & Liability Waiver**

**Idaho Falls
Church of Christ**

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I, _____ (parent/guardian's name), grant permission for my son(s) / daughter(s), _____ (campers' names), to attend Palisades Christian Camp 2011 sponsored by the Idaho Falls Church of Christ (IFCOFC) during the dates listed. I also grant permission for my son(s) / daughter(s) to attend this event with the adult leader(s) chosen by IFCOFC.

Notification About Risks: IFCOFC takes every reasonable precaution for the safety and enjoyment of every person at camp. I understand all reasonable safety precautions will be taken at all times by Idaho Falls Church of Christ and its volunteer staff during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk during any week of camp. In acknowledgement of these inherent risks, I voluntarily assume all risks of injury that my camper(s) herein described may sustain while at Palisades Christian Camp with IFCOFC, provided IFCOFC has exercised reasonable care for the safety and protection of my camper(s). I agree not to hold IFCOFC, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the above named camper(s).

Parent/Guardian Medical Authorization: I understand that in the event medical attention is needed, every attempt will be made to contact me immediately by the adult leader(s) listed on this form. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the adult leaders of IFCOFC to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child(ren) as deemed necessary by an attending physician. I will assume responsibility for fees incurred by such an emergency. I understand that my insurance coverage for my child(ren) will be used as coverage in the event medical intervention is needed.

Permission to Attend: I give my son(s)/daughter(s) permission to attend Palisades Christian Camp, and to travel with and ride in any vehicle(s) provided by the Idaho Falls Church of Christ and/or its adult leaders, including transportation to, from, and during the event.

I, THE UNDERSIGNED, HAVE LEGAL CUSTODY OF THE CAMPER(S) NAMED ABOVE, AND I HAVE GIVEN MY CONSENT FOR HIM/HER TO ATTEND PALISADES CHRISTIAN CAMP ORGANIZED BY IFCOFC. I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND IT'S CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Parent/Guardian (if camper is under 18):

Print Name: _____

Signature: _____

Date: _____

		REGISTRATION FEE			
		Fees	Qty.		Amount (\$)
Return Completed Form to: Idaho Falls Church of Christ Attn: Palisades Christian Camp 2650 Plommon Road Idaho Falls, ID 83402	Camper Fee (early regis. 7/18)	\$75	x	_____	= _____
	Camper Fee (late regis. after 7/18)	\$95	x	_____	= _____
	Family Rate (3 or more campers)	\$200	x	_____	= _____
	Nightly Camper Fee (partial week)	\$20	x	_____	= _____
	Minor Child Fee (3-7yr non-camper)	\$20	x	_____	= _____
	Staff Fee (optional)	\$20	x	_____	= _____
				Total Fees:	_____
				(Minus Deposit Pd):	_____
				Amount Due:	_____