

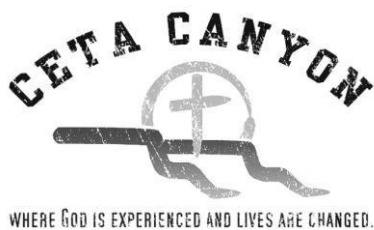
2020 Ceta Canyon Camp Camper Registration Form

For ONE WAY 7-9

(August 8th-11th, 2020)

Mail to: Camp Registrar
37201 FM 1721
Happy, TX 79042

Phone: (806) 488-2268
Fax: (806) 488-2594
Email: info@cetacanyon.org



OFFICE USE ONLY

Check #: _____ \$ _____ \$ _____
Amount This Camper

Check From: _____

Check #: _____ \$ _____ \$ _____
Amount This Camper

Check From: _____

FEE: \$199 per camper

Registration forms are NOT complete unless all three (3) pages are returned. This form MUST be signed by a PARENT or GUARDIAN ONLY.

Please Print Legibly

Please Print Legibly

Please Print Legibly

Camper Name _____
Last Middle Initial First Goes By

Home Address _____
Street or PO Box Number City State Zip

Home Phone # (_____) _____ **Cell #** (_____) _____ **Camper Email** _____

Gender--circle one: *M / F* **Grade Fall 2020** _____ **Age at Camp** _____ **Birth Date** _____

Parent/Guardian (1) _____ **Email** _____

Address _____
Street or PO Box Number City State Zip

Home Phone# (_____) _____ **Work Phone#** (_____) _____ **Cell Phone#**(_____) _____

Parent/Guardian (2) _____ **Email** _____

Address _____
Street or PO Box Number (If different than Parent 1) City State Zip

Home Phone# (_____) _____ **Work Phone#** (_____) _____ **Cell Phone#**(_____) _____

Alternate Emergency Contact _____ **Relationship** _____ **Phone #** (_____) _____

Church(please put the church you are coming with) _____ **City** _____

Please indicate if your church is giving you a full or partial scholarship and the amount _____

Who will pick up camper after camp? _____

Roommate Preference (1 only please) _____

(Roommate preference not guaranteed. Roommate preference not available for campers registered onsite.)

Camp Activities at Ceta Canyon Camp may include but are not limited to: swimming, hiking in a rugged canyon setting, sports, water recreation, group games, Ropes Course and Climbing Wall activities. I do hereby assume all risk of the above and any other ordinary risk incidental to the camp setting and will hold the NWTX Conference, Ceta Canyon Camp and their Trustees, employees and agents harmless from any and all liability. I hereby grant permission to Ceta Canyon Camp & Retreat Center to use photos of the above named camper, taken during activities at camp, for publicity purposes, in advertising materials, or on the camp's web site.

Custodial Parent/Guardian's Signature _____

CANCELLATION POLICY: All camp fees include a non-refundable registration fee. A \$10 handling fee will be applied to all cancellations. Ten days from the first day of camp, the cancellation fee is half of the registration fee. Cancellations within 5 days of the start of camp WILL LOSE their full registration fee. All cancellations MUST CONTACT the Camp Registrar IN WRITING: **if interested in donating a Scholarship for a Camper, contact the NWTX Conference Office 1-806-762-0201.

Camper Medical Form

****This Form Must Be Filled Out to the Best of Your Knowledge****

(A Copy of a School Shot Record is Acceptable)

Please Be Sure to Sign this Form

Camper Name: _____ Birth Date _____

Circle Camp(s) Registering For: **OW 7-9**

** The following information is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival at camp. **Everything must be completely filled out or everything will be returned.** **

Immunization History: Please record the date (month/year) of basic immunizations and most recent boosters.

Vaccines	Year of Basic Immunization	Year of Last Booster
Hep B – hepatitis B		
DTP – diphtheria, tetanus, and pertussis (or)		
DTaP – diphtheria, tetanus, and acellular pertussis (or)		
DT – diphtheria and tetanus (or)		
Td – tetanus and diphtheria		
Hib – Haemophilus influenzae type b		
PCV – pneumococcal conjugate virus		
OPV – oral poliovirus (or)		
IPV – inactivated poliovirus		
MMR – measles, mumps, and rubella		
Varicella – chickenpox		
TB Test – tuberculin test		
PPV – pneumococcal polysaccharide virus		
Influenza		
Other		

Health History: Please give approximate date (month/year) where applicable

Health Problems	Diseases	Allergies- please list all
Frequent Ear Infections	Chickenpox	Hay Fever
Heart Defect/Diseases	Measles	Ivy Poisoning, etc.
Convulsions	German Measles	Insect Sting
Diabetes	Mumps	Penicillin
Bleeding/Clotting Disorders	Other	Other Drugs
Hypertension		Asthma
		Food Allergies
		Other Allergies

Does your child have asthma? _____ Yes _____ No

Operations or serious injuries, include dates _____

Chronic or recurring illness or medical condition _____

Dietary restrictions or special requests _____

Activities to be encouraged or limited _____

Current medications: **PLEASE COMPLETE THE ATTACHED FORM**

Suggestions on health related information for camp personnel - short attention span, etc.

For Females: Has this person begun menstruation? _____ Yes _____ No If not, has she been told about it? _____ Yes _____ No

If so, is her menstrual history normal? _____ Yes _____ No Special consideration? _____

To The Best of My Knowledge (Camper's Name) _____ is in good health and is able to participate in all camp activities with the limitation listed above. In the event of an emergency and I am unable to be reached, I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency medical facility. **I understand that should the medical history change, it is my responsibility to let the camp director know at camp registration.**

Custodial Parent/Guardian Signature _____ **Date** _____

How did you hear about us? Please check one Church ___ Radio ___ Postcard ___ On-line Search ___ Other _____

Insurance Information: Please send a copy of your insurance Identification card (Front & Back) along with registration.

Please Note: Camper's insurance coverage, through the camps, is provided as a "secondary" or "back-up" coverage on a limited basis to any other coverage the camper has under separate, private, or group plans.

Medical Insurance Company _____

Policy# _____ Group# _____

Insurance Address & Phone # _____

Family Physician Name & Phone # _____

Camper Medication Information

Name of Camper (as Shown on Prescription Container):

Name of Medication and Dosage Information:

Note: All prescription medication must be in their original container with names and dosage clearly marked on the container. If current prescription is different from the container, then a doctor's note must accompany the medication when it is turned into the camp nurse.

Please Fill out the Form Below

Medication	Dosage	Time	Special Instructions

Ceta Canyon receives grants from various foundations to improve programs and facilities of the camp. Many request demographic information, including ethnicity*. Please select from the following:

- Caucasian
- Hispanic
- African American
- Other (Native American, Asian, etc.)

**Note:* NO personal information is disclosed.