

District Youth Camps at Camp Davidson

Please circle camp you will be attending

<p>Senior High Camp students entering grades 9-12 and 2006 graduates June 19 - 23</p>	<p>Junior High Camp students entering grades 7 & 8 August 7 - 11</p>
<p>Cost: (full payment due with registration) Super Early Bird.....due April 24..... \$145 Early Bird.....due May 15.....\$155 Regular Registration.....due June 5.....\$165 Walk-on to Camp.....due June 19.....\$185</p>	<p>Cost: (full payment due with registration) Super Early Bird.....due June 12..... \$145 Early Bird.....due July 3.....\$155 Regular Registration.....due July 24.....\$165 Walk-on to Camp.....due August 7.....\$185</p>

please print

Camper Name _____ Age _____ M F

Address _____ City _____ Zip _____

Home Phone (_____) _____ Birthday ____/____/____ Grade 06-07 Sch. Yr. _____

Emergency Contact Person _____ Relationship to camper _____

Emergency Phone (_____) _____ Insurance Co. _____ Group # _____

Parent's Name(s) (legal guardian) _____ Cell Phone (_____) _____

Church Name _____ City _____

Pastor's Name _____ Pastor's Phone (not church) _____

Medical History

Can your camper swim? Yes No Allergic to bees? Yes No

Camper taking any medications? Yes No If yes, please list _____

Food allergies? Yes No If yes, please list _____

Medicine allergies? Yes No If yes, please list _____

Is your camper up to date with school shots? Yes No If no, please list what is behind and why _____

Has your camper had any broken bones? Yes No If yes, please list _____

I give my permission for my camper to take part in all camp activities sponsored by OR-PAC. I understand that injuries do happen and understand that I am responsible for all medical bills and do not hold the OR-PAC staff responsible. I give my permission for needed emergency treatment to be given and understand that I will be contacted at the staff's earliest opportunity. I also understand that I am responsible for any property damage caused by my teenager. I also agree to be in prayer for my teen during this week of camp.

I understand that if disciplinary action is necessary for my student, I will cover the cost of my child being sent home, if that is deemed necessary by the camp staff.

Give this application to your Youth Pastor or Youth Worker with your full registration payment. Do not send in your own application. Churches will send all applications and registration payments to Youth Camp Registrar. **Checks payable to: OR-PAC NYI**

Parent Signature: _____ Date _____

OR-PAC District Youth Camp Registration Office only

District Scholarship:	Amt Paid:	Paid with:
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