

## Medical Authorization

I, the parent (guardian) of \_\_\_\_\_, hereby give my permission for his/her participation in day camp. I agree to direct my child to cooperate with directions and instruction of church personnel responsible for camp activities.

I agree that in the event my child is injured as a result of his/her participation in this activity, including transportation to and from such activity, through the negligence of the church or any of its agencies or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I hereby give the church personnel permission to use their judgment in obtaining medical services for my child and I give permission to the physician selected by the church personnel to render medical treatment deemed necessary and appropriate by the physician.

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

Date: \_\_\_\_\_



**Summer Day Camp**  
Sponsored by  
**First Presbyterian Church  
& First Christian Church**  
at  
Westminster Woods Camp  
(near Meacham)  
July 8-11, 2019

For children  
entering 1<sup>st</sup> -6<sup>th</sup> grade

**\$45.00 per camper**

**Space is limited to the first 100 paid  
registrations.**

**Refunds only before June 30**

**For more info, Call  
541-276-7681**

### Background Check Policy

All adult volunteers and staff will complete a background check prior to the beginning of Day Camp. Adults who participate/attend Day Camp must complete background checks prior to the day (or days) they will be visiting or volunteering during camp hours. **This policy does not apply to adults attending the Thursday evening program only.**

### OPT-OUT Photo Policy

Photographs, and sometimes videos, are taken at Day Camp. Photos may be used on bulletin boards, websites, Facebook, posters, newsletters, and other print materials and electronic media outlets. **IF YOU DO NOT WANT YOUR CHILD'S PHOTO USED BY FIRST PRESBYTERIAN CHURCH, PLEASE SIGN BELOW. (If you have no objection, DO NOT sign.)**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE KEEP THIS SECTION**

# To Mars and Beyond

Children explore where God's power can take them! Discover a new realm of possibilities as they reach for the stars and encounter the limitless love of God.

**Go Beyond with Faith!**  
**Go Beyond with Boldness!**  
**Go Beyond with Kindness!**  
**Go Beyond with Thankfulness!**  
**Go Beyond with Hope!**

**Food:** Children must bring their own lunch. Water and snacks are provided

**Transportation:** Mid Columbia Bus Company to and from the camp each day.

**Monday through Wednesday:** Campers will meet at the Chamber of Commerce/ Heritage Station Museum parking lot, 108 SW Frazer, at 8:30 AM return by 3:30 PM.

**Thursday:** Campers will meet at the Chamber at 10:30 A. Families are invited to join them at the camp at 5:30 PM for a potluck supper followed by a 6:30 closing program. This provides an opportunity for each family to experience the Woods together.

**Please have children wear sturdy footwear each day i.e. sneakers, hiking boots - no flip-flops, please.**



## REGISTRATION FORM

Please mail or drop off this form and registration fee to:

First Presbyterian Church  
201 SW Dorion  
Pendleton, OR 97801

Childs shirt size (Circle one)

Child: **Small Med Large**  
Adult: **Small Med Large**

name: \_\_\_\_\_ sex: **M F**

street address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_

parent(s)/guardian: \_\_\_\_\_

daytime telephone: \_\_\_\_\_ email: \_\_\_\_\_

parent cell phone# \_\_\_\_\_

birthdate: \_\_\_\_\_ school grade entering: \_\_\_\_\_

your church name: \_\_\_\_\_

special needs: (medical concerns, allergies, diet, etc.) \_\_\_\_\_

### Best person to contact in case of emergency during camp:

parent's name: \_\_\_\_\_ emergency # \_\_\_\_\_

parents' employer: \_\_\_\_\_ phone \_\_\_\_\_

2nd emergency contact: \_\_\_\_\_ phone \_\_\_\_\_

child's doctor \_\_\_\_\_ phone \_\_\_\_\_

**Parents/guardians must sign children in/out each day. Please list names and phone numbers of those, other than yourselves, who are authorized to sign your children out and let them know our procedure.**

name \_\_\_\_\_ phone \_\_\_\_\_

name \_\_\_\_\_ phone \_\_\_\_\_

**If you are able, please consider making a donation to help pay for transportation costs or to sponsor another child. We are looking forward to another successful Day Camp!**