



## Registration for Camp Tamarack

Return to the NCNC Offices by mail: NCNC UCC, 401 Roland Way Suite 260, Oakland, CA 94501 or email to [Joy@ncnuc.org](mailto:Joy@ncnuc.org) Please include your payment by check, by credit card using the credit card form, or provide the name and contact information of the church representative arranging financial aid/camperships.

Camper's Name: \_\_\_\_\_

Parent/Guardians: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email addresses: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Camper's birth date: \_\_\_\_\_ Grade next school year: \_\_\_\_\_

Gender & Pronoun: \_\_\_\_\_

Please mark, "X", for which camp this camper will attend.

Camp	Age/Grade	Dates	"X"	EB price	Reg price
Tam Jr./Jr. High	Grades 5-8	July 16-22		\$240	\$270
Tam Sr. High	Grades 9-12	July 23-29		\$240	\$270
Tam Adult	18 and Up	August 11-13		\$105	\$125

Vegetarian/Vegan/Other dietary needs:

Name of your Pastor:

Local Church:

**Parent Authorization**     *Required for youth under age 18*

I, the parent or legal guardian of the above named registrant, hereby give permission for my child to attend the above named camp. I agree that, should my child commit a serious infraction of camp rules, I will arrange to remove my child from camp at the request of the camp director or conference staff at the earliest possible opportunity. I understand that I am responsible for my child's transportation to and from camp under the supervision of an adult over 21 years of age who has written permission to transport my child.

Parent Signature: \_\_\_\_\_

**Health & Medical Release**

This form is required to ensure everyone’s safety and wellbeing. Information is confidential and will be made available only as is needed and appropriate to those directly responsible for the campers’ welfare.

Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Gender & Pronoun: \_\_\_\_\_

**Medical Information:** \*If you cannot provide the information, please respond “N/A”

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Eye Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Glasses prescribed? \_\_\_\_\_ Worn ? \_\_\_\_\_ Contact lenses worn? \_\_\_\_\_

Accident/Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

**Has the camper been subject to any of the following conditions?** If yes, please specify in the space below, noting how recently the condition occurred. If none apply, please circle the following descriptor: **NONE APPLY**

- Cerebral Palsy    Diabetes    Epilepsy    Heart Disease    Rheumatic Fever    Mumps
- Hyperactivity, ADD or ADHD    Hepatitis    Encephalitis    Scarlet Fever    Whooping Cough
- Autism/Asperger's    Tires Easily    Fractures    Convulsions    Fainting Spells    Frequent Headaches
- Eye Problems    Dizziness    Rubella    Chicken Pox    Ear Problems    Frequent Urination
- Frequent Colds    Nosebleeds    Other:

**Food Allergies:** Please note the items, description of symptoms, etc. or NONE

**Other Allergies:** Please note the items, description of symptoms, etc. or NONE

**Behavioral Conditions:** Please provide any further information about behavioral conditions that staff should know about, such as sleepwalking, bedwetting (please send an easily laundered sleeping bag), epilepsy, fainting, hyperactivity, asthma, etc. or NONE

**Other things we should know:** Is there any additional information that would be helpful in promoting your child's welfare while at the event (e.g., dietary needs)? Please include any past or potential experiences that might be upsetting to your child, or NONE

**Medications:** Please note that for the safety of all event participants, all medications will be held and administered by the designated Health Supervisor. The listed non-prescription medications or their equivalents will be available and provided for the corresponding symptoms. Please do not send these meds with your child (with the exception of Epi-pens). If you **do not** wish to have your child treated using the following meds in the event of the symptoms indicated, please register your objections by clearly ~~drawing a line~~ through that particular medication. If there are no restrictions, please circle the following descriptor: **NO RESTRICTIONS**

- Liquid Maalox for abdominal pain
- Maalox for nausea
- Pedialite for vomiting
- Imodium for diarrhea
- Milk of Magnesia for constipation
- Ibuprofen for muscle spasm
- Robitussin DM for cough
- Cortaid Cream for rash
- Chlortrimaton, Benedryl for allergy, hives and bites
- Adrenaline for asthmatic attack or acute allergic reaction to insect bites
- Auralgan (if not allergic to -caines), Sinutab and Afrin for earache
- Ibuprofen, Acetaminophen for fever, flu, headache and menstrual cramps
- Solarcaine (if not allergic to -caines), Ibuprofen for sunburn
- Sinutab for sinusitis
- Hibiclens and Polysporin for cuts

**Please list the medication(s) your child will require during the event's duration:**

Drug Name/Dosage/Interval: \_\_\_\_\_ Purpose: \_\_\_\_\_

Drug Name/Dosage/Interval: \_\_\_\_\_ Purpose: \_\_\_\_\_

*A Medication/Prescription Form must accompany each prescription, over-the-counter drug or vitamin. All medications must be in their original containers.*

**MEDICAL RELEASE: I affirm that my child is in good health and I will notify the director if my child is exposed to any communicable disease during the two weeks prior to attending any youth event.**

**Custodial Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**In case of emergency, when the above cannot be reached, contact:**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## PHOTOGRAPHIC PERMISSION RELEASE

I hereby give my consent for NCNC UCC to use any of the photographs taken of my child, \_\_\_\_\_ at this event for publicity, such as for future Summer Camp brochures or other materials designed to inform potential campers or user groups about camping programs or available facilities. With consent I hereby release the NCNC UCC from any claim whatsoever that may arise in said regard. I understand that the above named camper will participate if an all-camp photograph is taken.

[ ] No, I do not wish to give consent for photos of my child to be used in any way.

**Custodial Parent/Legal Guardian Signature & \_\_\_\_\_ Date: \_\_\_\_\_**  
**Printed Name \_\_\_\_\_:** \_\_\_\_\_

**YOUTH EVENT COVENANT** *All participants are required to sign the covenant – youth and adults. If you break the covenant, you may be required to complete a Process of Reconciliation to participate in future conference youth events.*

- I make this covenant (sacred agreement) with the Northern California Nevada Conference, with the community of persons attending this event, with God and myself. With love and respect for each other, and a common respect for God, I will act to foster the ideas of the United Church of Christ.
- I agree to participate in scheduled activities, sharing my gifts, enthusiasm and concerns.
- I agree to help create a community of love, acceptance and caring for all persons.
- I will care for and respect my body and my ability to relate to others by not using alcohol, tobacco or other drugs and agree not to bring these items.
- I agree not to take part in inappropriate sexual behavior.
- I will love, respect and care for the world God created, avoiding any activity that would hurt the environment.
- I agree to respect the property of others.
- I agree to observe the specific rules of this event.
- I agree to this covenant so we can develop a strong community base for this event by being present with others and not engaging in activities that limit our involvement and relationships with each other.

\_\_\_\_\_  
*Signature of Youth &*

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

**Special Needs Campers** Our volunteer staffers come from all walks of life and reflect the strong diversity of our Conference, giving a week of their time in support of this exciting ministry. **If your camper has special needs it is imperative to communicate with us well before camp begins** so we can ensure her/his safety and wellbeing, as well as that of everyone else at camp. If the needs of your camper require one to one attention, support, or supervision to make camp a safe place for her/him and others you will need to provide an appropriate person to accompany her/him to camp. You or this person would be responsible for paying a reduced fee (covering room and meals), as well as complete our background screening process and be of appropriate age (conference guidelines state that all camp staff must be at least 5 years older than the oldest camper). We strive to be a place for all people to experience the embrace of community, the awe of a loving Creator, and the transformative beauty of the great outdoors as we partner with parents/guardians to make the best, safest programs for youth. All camper assistants will need to fit into the guidelines.

## Transportation Release

This form is required for everyone under 18, even if parents are transporting their own children, to ensure everyone's safety and well being. Information is confidential and will be made available only as is needed and appropriate to those directly responsible for your child's welfare.

Child/Youth Name: \_\_\_\_\_  
(First) (Last) (Middle)

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender \_\_\_\_\_ & Pronoun :

**The following persons have my permission to transport the above named minor & I further grant permission to the person(s) listed below to act as my agent(s) while transporting my child, in authorizing any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act.** \_\_\_\_\_

*(The above to occur only after reasonable efforts to contact the undersigned have been unsuccessful).* This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

**Please note that all persons transporting minors must be at least 21 years of age.**

Person driving my child to the event: \_\_\_\_\_ Phone: \_\_\_\_\_

Person driving my child home from the event \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*\* Please be aware the adult transporting your child home from the event must be prepared to present a photo ID before staff will release them into their care. \*\*\***

Custodial Parent/Legal Guardian Signature \_\_\_\_\_

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

Printed Name:

**Credit Card Payment Form**

**Name of camp or event:** \_\_\_\_\_

**Name of registrant, if different from cardholder:** \_\_\_\_\_

**Visa**    **MasterCard**    **American Express**    **Discover**

**Amount to be charged: \$** \_\_\_\_\_

**Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date mm/yy:** \_\_\_\_\_ / \_\_\_\_\_

**Security code:** \_\_\_\_\_

**Name on card:** \_\_\_\_\_

**Billing address:** \_\_\_\_\_

**City, State, and Zip:** \_\_\_\_\_

**Phone number associated with this credit card:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**(Automatic confirmation email will be sent when card is processed.)**