

TALL TIMBER RANCH 2009 SUMMER CAMP REGISTRATION FORM

Mail with \$50.00 nonrefundable deposit to: CAMPING! 27875 White River Rd., Leavenworth, WA 98826. Balance is due 10 days prior to camp. Make check payable to Tall Timber Ranch. Returned check fee \$50.00

OFFICE USE ONLY

CK. _____
AU. _____

Session Name _____ Date: _____ Camp Code: _____ Male Female

Camper Name: _____ E-mail: _____

Grade Entering: _____ Age: _____ Home Phone:(_____) _____ Emergency Phone:(_____) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Responsible Party Name / Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

I would like to cabin with: _____ (one name only) Church Name: _____

Payment Information Church Scholarship Amount: \$ _____ Horse Rides (\$20): \$ _____ (one only) \$10 Primary camper

Amt. enclosed: \$ _____ Extra Donation: \$ _____ Check Visa Master Card Expiration Date(mo/yr): ____/____/____

Card Number: _____ Signature: _____

Medical Information

Any information provided will be kept confidential and assessed only by those having valid reason to know.

Regular Medication / for: _____

Activity Restrictions: _____

One of the following may be administered to my child as needed.

Aspirin Tylenol Ibuprofen

Please give us any information about your child's emotional or physical health that we need to know to help serve your child to our best ability. _____

Please note: The camper's family insurance plan is the primary source of coverage for accidents.

Accident/Health Insurance Plan: _____

Immunizations (mo. & yr.)

Tetanus shot: ____/____

Polio: ____/____

MMR(Measles/Mumps/Rubella): ____/____

Allergies (be specific)

Drugs: _____

Plants: _____

Bee Stings: _____

Foods: _____

Other: _____

Medical Release: In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event that I cannot be reached through reasonable efforts, I hereby give my permission to the physician selected by the Camp Director to secure proper treatment or to hospitalize, to order injections, transfusion, anesthesia, or surgery for my child. This form may be copied for emergency purposes.

Liability Release: I will not hold Tall Timber Ranch or the Presbytery of Central Washington or North Puget Sound, their agents or employees, responsible for any accident or injury, including illness or death arising out of my or my child's participation during the time period described in this registration. I further agree the camper has my permission to be transported for medical care or to participate in programs conducted off the Tall Timber Ranch grounds. I also grant permission to Tall Timber Ranch to photograph the camper during activities and use the photographs in audiovisual and printed materials without compensation or approval rights.

Releasor Signature(Parent/Guardian) _____ **Date:** _____