

PNW Youth Camp 2019



COMPLETE AND MAIL TO: 8711 TIETON DR YAKIMA, WA 98908
A \$40 TRANSFERABLE BUT NON-REFUNDABLE DEPOSIT IS REQUIRED WITH SUBMISSION

NAME _____ SEX _____ AGE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ BIRTH DATE _____
PARENT/GUARDIAN _____
TELEPHONE _____ EMERGENCY PHONE _____
LOCAL CHURCH _____
PASTOR'S SIGNATURE (required) _____

MAYFIELD CAMP GROUND: 394 Winston Creek Rd Mossyrock, WA 98564 (360) 985-2545
Teen Camp (Grades 6th -12th)
June 24-28

Student Cost \$170

Camp Shirt is included in registration cost: **S M L XL 2XL Other: _____ (CIRCLE SIZE)**

Are you allergic to penicillin or any other drug? _____

If so, please list
them: _____

When did you have your last tetanus shot? _____

List any allergies: _____

List any medications you might be
taking: _____

**>>ALL MEDICATIONS MUST BE TURNED IN TO THE CAMP NURSE AT REGISTRATION & MUST BE IN ORIGINAL
PRESCRIPTION BOTTLE. MEDICINES NOT IN BOTTLE WILL NOT BE DISTRIBUTED<<**

List any physical handicaps:

Family physician & phone number:

INSURANCE COVERAGE

Our camp insurance is a secondary coverage.

Parent or Guardian please complete & sign below.

Name of Insurance _____

Company: _____

Policy #: _____

Group #: _____

Send bill to: _____

All medical sickness bills will be the responsibility of the parents.

In case of accident or a serious illness, you have my permission to secure proper medical attention for my child.

Parent or Guardian Signature & date:

NO GUARANTEES

I would like to room with: (1st Choice) _____ Church: _____

(2nd choice) _____ Church: _____

As a camper of the Church of God Youth Camp, I agree to abide by the rules and policies of the camp during my stay.

Camper Signature & Date:

DATE: _____

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT ALL THREE SIGNATURES AND DEPOSIT