

# PNW Youth Camp 2022

**Complete and mail to: 8711 Tieton Dr Yakima, WA 98908**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Emergency Number: \_\_\_\_\_  
Local Church: \_\_\_\_\_  
Pastor's Name \_\_\_\_\_

Mayfield Camp Ground: 394 Winston Creek Rd Mossyrock, WA 98564 (360)985-2545

Teen Camp (12yrs-18yrs)

Early Bird Deadline by May 20th: \$185.00

Regular Cost: \$185.00 w/o Shirt

Camp Shirt is included in **Early Bird** registration Cost: S M L XL 2XL 3XL (Circle Size)

Are you allergic to 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: (1<sup>st</sup> Choice) \_\_\_\_\_ Church: \_\_\_\_\_

(2<sup>nd</sup> 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: \_\_\_\_\_

**APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL SIGNATURES**