

ASCENSION SCHOOL EPISCOPAL CAMP & CONFERENCE CENTER

P.O. BOX 278, COVE, OR 97824
541-568-4514

General Information

Name _____ Sex M F Birth date ____/____/____ Age ____ Grade in Fall ____
 Last First Middle
 Mailing Address _____ / _____ / _____
 City State Zip
 Camper's Cell Phone _____ Camper's Email _____

Custodial Parent/Guardian Information

Mother/Guardian Name _____ Daytime Phone _____ Evening Phone _____ Cell Phone _____
 Father/Guardian Name _____ Daytime Phone _____ Evening Phone _____ Cell Phone _____
 Email Address _____
 Emergency Contact (Other than parent/guardian) _____ Relationship to Child _____
 Evening Phone _____ Work Phone _____ Alt. Phone _____

2010 Youth Camps

All fees are per person unless noted
Please check which camp(s) you will be attending

Camp	Date	Grade	Cost
_____ Film Camp	6/20-6/25	6-8	\$300.00
_____ Bus for Film Camp*			
_____ Senior High Camp	6/27 - 7/5	9-13	\$290.00
_____ Bus for Senior High*			
_____ Discovery Camp **	7/7-7/9	Pre K- 3	\$ 85.00
		Accompanying Adult	\$ 85.00
Accompanying Adult _____		Relationship _____	
**Please fill out a separate registration form for each child attending.			
_____ Beginners Camp	7/11 - 7/16	3-5	\$260.00
_____ Bus for Beginners Camp*			
_____ Junior High Camp	7/18 - 7/24	7-9	\$260.00
_____ Bus for Junior High Camp*			
_____ Combined Camp	7/25 -7/31	4-6	\$260.00
_____ Bus for Combined Camp*			

Local Parish Affiliation - Diocese _____

Please complete this section IF camper is 17 years or younger

This person has my permission to attend the aforementioned Ascension School activity. I agree to hold harmless Ascension School, its employees or agents for any injury, illness, or liability, except if it should be attributed to gross negligence on the part of Ascension School, its employees or its agents.

X _____ Date _____

Parent or Guardian Signature

____ Check if you **DO NOT** give permission for photographs taken of your child to be used for camp promotions

Please complete this section IF you are 18 years old or older

I agree to hold harmless Ascension School, its employees or agents for any injury, illness, or liability, except if it should be attributable to gross negligence on the part of Ascension School, its employees or its agents.

X _____ Date _____

Camper Name _____
 Last First

Bus Transportation

<u>Pickup Point</u>	<u>Round trip</u>	<u>*One-way To Camp</u>	<u>*One-way From Camp</u>
Bend	\$55.00	\$40.00	\$40.00
Redmond	\$55.00	\$40.00	\$40.00
Madras	\$55.00	\$40.00	\$40.00
The Dalles	\$55.00	\$35.00	\$35.00
Hermiston	\$40.00	\$32.00	\$32.00
Pendleton	\$40.00	\$32.00	\$32.00

*Please Circle appropriate Pickup Point and the correct price. If one way please circle "to" or "from"

-Bus Transportation is available for all camps **except** Discovery and Art Camps

-Biggs Junction and Arlington are flag stops; please contact Ascension School to make a reservation.

Person other than parent/guardian authorized to pick up camper at camp or bus drop point _____

Camp Store

T-Shirt Order(All Camp T-shirts are \$15.00) **Youth:** Sm. ____ Med. ____ Lg. ____ **Adult:** Sm. ____ Med. ____ Lg. ____ T-shirt Total \$ _____
 Hooded Sweatshirt \$30.00 **Adult:** Sm. ____ Med. ____ Lg. ____ Sweatshirt Total \$ _____
 Fisherman Hat \$12.00 Quantity _____ Hat Total \$ _____
 Bag \$12.00 Quantity _____ Bag Total \$ _____

Store Total \$ _____

Program Cost \$ _____

Bus Transportation \$ _____

Store Total \$ _____

TOTAL COST \$ _____

Scholarship Information

Please contact Ascension School or your local parish for more information about available scholarships.

Local Scholarship _____ Amount \$ _____

Authorized signature for Local Parish

Diocesan Scholarship _____ Amount \$ _____

Authorized signature for Diocese

Payment Information

Total Due \$ _____

Payment Received \$ _____ check# _____

Less Scholarship amount if applicable \$ _____ check# _____

DUE ON ARRIVAL \$ _____ check# _____

Please include the separate Health Information Form with your registration form. Campers must turn in a completed and signed form in order to attend camp.

Health Information Form

IMPORTANT! This section must be COMPLETED for attendance at all Ascension School activities.

This following health form is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted below.

Authorization for Treatment: *I hereby give permission to the medical personnel selected by Ascension School to order X-rays, routine tests, treatment, arrange for or provide necessary transportation and to release any records necessary for insurance purposes for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Ascension School to secure and administer treatment, including hospitalization, for my child, as named below. This completed form may be photocopied for trips out of camp.*

Signature of parent or guardian or adult camper _____ **Date** _____

Camper Name _____
Last First Middle

Date of Birth _____ **Gender** M / F

Is the above person in good health and able to participate in normal camping activities? Yes ___ No ___
(Please explain if the answer is no)

Has above person had a tetanus shot in the last three years? Yes ___ No ___ Date _____

Is the above person subject to any of the following?

___ Ear Infections ___ Asthma ___ Convulsions ___ Diabetes ___ Headaches ___ Bedwetting ___ Learning problems
___ Sleep walking ___ Psychiatric Care ___ Cramps ___ Fainting

Current Immunizations: ___ Polio ___ Measles ___ Mumps ___ Rubella ___ Chicken Pox ___ Exemption

Does above person suffer from any known allergies? Yes ___ No ___

If Yes, what allergies? _____

Indicate treatment for any allergies listed:

List all medications to be given at camp. _____

All medication must be in the original containers with label, giving instructions and doctor's name. All medications, except inhalers, will be held and dispensed by Camp Personnel.

Is the above person allergic to any medication? Yes ___ No ___ If Yes, what medications? _____

Anything else Ascension Staff should know about the above person? _____

Name of personal Doctor _____ Telephone _____

Name of person Dentist _____ Telephone _____

Medical Insurance Carrier _____ Telephone _____

Policy#/ID# _____ Name of Insured _____ Relationship to camper _____