



Camper Registration Form

Sunday July 23rd—Friday July 28th

Complete one registration form per person

(Please Print Clearly)

Name _____ Grade in School 9/2023 _____
Last First Middle

Address _____ City _____ State _____ Zip _____

E-mail (Please write **neatly**) _____

Phone (_____) _____ Fax (_____) _____
☐ VOICE ☐ TDD ☐ TDD/VOICE ☐ Videophone

Age _____ ☐ Male ☐ Female ☐ Single ☐ Married ☐ Deaf ☐ Hard of Hearing ☐ Hearing

Would a voice interpreter help you? ☐ Yes ☐ No Would an oral interpreter help you? ☐ Yes ☐ No

Can you use sign language? ☐ Yes ☐ No ☐ ASL ☐ English

How many years have you attended NWCCD Camp? _____ ☐ I will be sleeping in the dorm with other campers.
☐ I will be sleeping in a cabin with my family.

Do you attend church? ☐ Yes ☐ No If yes, where? _____

Camper must sign the following statement;

As a registered camper I have read the rules and regulations of NWCCD. I will follow all water safety rules of the camp, follow designated schedules, attend all meals unless excused by the nurse, not use radios, TVs, stereos, iPods, Sidekicks, or CD players while at camp, follow the dress code, and comply with any other rules and regulations the camp may set.

I agree to follow all the rules and regulations of NWCCD, knowing that if I do not, I may be dismissed from camp without refund and will have to pay for any travel arrangements made necessary as a result. I will also be held financially responsible for any malicious damage I do to the camp or any other camper's property.

Camper's Signature _____ **Age** _____ **Date** _____

If a camper is unyielding to any rules, he/she will be sent home at own or, if under 18, the parent's expense and inconvenience.

If the camper is under 18, a parent must also sign.

Parent's Name _____ Parent's Signature _____
(Please print)

Contact info during the week of camp: phone _____ email _____

I give permission for myself (my child) to be photographed during camp. _____ Yes _____ No
(These photos are shown during meals, plus some are published on the camp blog and put onto a CD that may be purchased.)
****Parents, please inform your child before camp if you have answered "No" to the above question.****

We will contact you (your child) about future deaf activities . (If you prefer no contact, check here. ☐)

**Mail to: NWCCD
P.O. Box 1585
Brush Prairie, WA 98606**

E-mail Address (Registrar's name):

Camp Reg. Form page 1 of 2

7/29/10

Camper's Name _____

| | | |
|--|------------|-----------------|
| Camper Fee: EARLY BIRD DISCOUNT (\$100 Deposit before June 1st) | | Box A |
| Forms must be postmarked no later than June 1, 2023 | | |
| Balance is due postmarked by July 9th, 2023 | | |
| Each Camper (meals and lodging for the week) | | |
| <input type="checkbox"/> Age 8 and up | \$390 each | \$ _____ |
| <input type="checkbox"/> Age 3 - 7 | \$230 each | \$ _____ |
| Box A Total | | \$ _____ |

| | | |
|--|------------|--------------|
| REGULAR: | | Box B |
| Forms and total balance due must be postmarked no later than July 9th, 2023 | | |
| Each Camper (meals and lodging for the week) | | |
| <input type="checkbox"/> Age 8 and up | \$420 each | \$ _____ |
| <input type="checkbox"/> Age 3 - 7 | \$250 each | \$ _____ |
| Family Rate (three or more campers; includes meals and lodging for the week) | | |
| <input type="checkbox"/> Age 8 and up | \$390 each | \$ _____ |
| <input type="checkbox"/> Age 3 - 7 | \$230 each | \$ _____ |

| | |
|--|-------------------------|
| MISC: | Box D |
| _____ Flash Drive of camp snapshots <i>(Includes the group picture and staff picture)</i> | @ \$20 each \$ _____ |

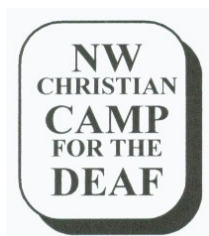
NWCCD has limited scholarship money available for campers age 8 through high school, as well as for families. If you are interesting in applying for a scholarship, fill out the appropriate form and send it with your camper registration and deposit.

| | |
|---|----------|
| TOTAL OF ALL BOXES (Check those that apply): | |
| Box: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$ _____ |
| Amount being sent with this form | \$ _____ |
| (Minimum \$100 deposit (\$50 non-refundable) PER CAMPER) | |
| Balance due must be postmarked by July 9th, 2023 | \$ _____ |
| *There will be a \$25 charge for returned checks.* | |
| <i>Registrations postmarked later than July 9th will be accepted only with permission of the Camp Director, Jim Smith (nwccd2011@yahoo.com)</i> | |

Check or money order, U.S. currency, payable to: Northwest Christian Camp for the Deaf

| | |
|------------------|-----------|
| OFFICE USE ONLY: | Comments: |
| | |

7/29/10



Name _____ Birthdate ____/____/____

HEALTH / MEDICAL FORM

(Please print clearly)

ONE for EACH PERSON

Is there any reason you or your child cannot engage in recreational activities such as running, swimming, competitive games and hiking? ☐ No ☐ Yes, because _____

Please include the necessary information, if applicable. The person listed above has the following:

- ☐ Asthma ☐ Asthma Medication
☐ Diabetes ☐ Diabetes Medication
☐ Epilepsy ☐ Epilepsy Medication
☐ Other Health Condition ☐ Medication
☐ Other medical problem or disability: _____

If you have checked any of the boxes above, be sure to fill out the Medications Form completely.

Allergies:

- ☐ Penicillin ☐ Poison Oak ☐ Bee Sting
☐ Other _____

Do you have food or drink allergies? ☐ Yes ☐ No

If yes, fill out the Special Diet Needs form.

Everyone at camp must have had a tetanus shot within 10 yrs.

Date of Last Tetanus Shot: _____

Operations in last year? ☐ Yes ☐ No
(If Yes, please describe) _____

Permission to Swim? ☐ Yes ☐ No

Sleepwalk? ☐ Yes ☐ No

IN CASE OF ILLNESS OR INJURY, after every reasonable effort has been made to contact parent or guardian of child 18 years or younger, or in the event that an adult camper is unable to authorize treatment, I authorize the camp nurse to sign in my place for necessary treatment by a local physician and/or for hospital care.

Parent or guardian name (print)

Parent or guardian name (signed)

Phone number: (_____) _____

Address

City _____ State _____ Zip _____

IN AN EMERGENCY, CONTACT FIRST:

****Star the number(s) below that we may use to contact this person during camp.**

Please Print

FIRST NAME LAST NAME

Phone # Home (_____) _____

Work (_____) _____

Cell (_____) _____

Relationship to camper: _____

IN AN EMERGENCY, CONTACT SECOND:

****Star the number(s) below that we may use to contact this person during camp.**

Please Print

FIRST NAME LAST NAME

Phone # Home (_____) _____

Work (_____) _____

Cell (_____) _____

Relationship to camper: _____

Physician's name: _____

Physician's phone: (_____) _____

Dentist's name: _____

Dentist's phone: (_____) _____

Health Insurance Company: _____

ID Number and Group: _____

Insurance must be valid in the State of Oregon. If not, you are personally responsible for any medical expenses necessary for camper.

Date _____ Name of person taking medication: _____

MEDICATION FORM

Attention All Campers! Please read this notice.

You will meet with the camp nurses during registration on Sunday. They will be checking your forms for accuracy and collecting your medication.

All your prescription medication must be in PHARMACY LABELED CONTAINERS.

Tell the nurse of any meds that you must keep in your possession for emergencies (asthma, allergies, heart conditions).

Part A Please LIST BELOW ALL OVER THE COUNTER MEDICATIONS

| | |
|---|---|
| Name of medication: _____ | Dosage amount _____ |
| Dosage amount _____ | Time to be taken _____ |
| Time to be taken _____ | How to take medication: _____ |
| How to take medication: _____ | (i.e., by mouth, injection, inhalant, etc.) |
| (i.e., by mouth, injection, inhalant, etc.) | |

| | |
|---|---|
| Name of medication: _____ | Name of medication: _____ |
| Dosage amount _____ | Dosage amount _____ |
| Time to be taken _____ | Time to be taken _____ |
| How to take medication: _____ | How to take medication: _____ |
| (i.e., by mouth, injection, inhalant, etc.) | (i.e., by mouth, injection, inhalant, etc.) |

| | |
|---|---|
| Name of medication: _____ | Name of medication: _____ |
| Dosage amount _____ | Dosage amount _____ |
| Time to be taken _____ | Time to be taken _____ |
| How to take medication: _____ | How to take medication: _____ |
| (i.e., by mouth, injection, inhalant, etc.) | (i.e., by mouth, injection, inhalant, etc.) |

Name of medication: _____

Part B Please LIST BELOW ALL OVER THE COUNTER MEDICATIONS (Tylenol, cold meds, etc.) must also be kept with the nurse.

Some of the most common complaints during a camp experience are stomach aches and headaches. The health room will have the following medications available: ☐ ibuprophen (Advil), ☐ Acetaminophen (Tylenol), ☐ liquid and tablet antacids (ex. Maalox), and ☐ Benedryl. If this camper is a minor, a parent/guardian may check a medication from this

List B paragraph and sign below, giving the nurses permission to dispense these medications to the camper as needed.

SIGNED: _____ (Parent or Guardian) Date: _____

You may also send your own OTC medications, which will be collected and kept in the health room for use by your child as deemed necessary by the nurses. **Please list all over the counter meds that this camper will be bringing.**

| | |
|--|--|
| Name of medication: _____ | Name of medication: _____ |
| Dosage amount _____ | Dosage amount _____ |
| Circumstance to be taken (as needed for headache, cramps...) _____ | Circumstance to be taken (as needed for headache, cramps...) _____ |

| | |
|--|--|
| Name of medication: _____ | Name of medication: _____ |
| Dosage amount _____ | Dosage amount _____ |
| Circumstance to be taken (as needed for headache, cramps...) _____ | Circumstance to be taken (as needed for headache, cramps...) _____ |



Date _____ Camper _____ Age _____
Staff _____

**THIS PAGE MUST BE FILLED OUT AND SIGNED
BY THE CAMPER (OR PARENTS, IF THE CAMPER
IS UNDER 18), OR STAFF MEMBER**

Medical Release—Authorization for care, and Liability Agreement

I, the camper or parent or guardian for the camper (under 18), or the staff member, have had a physical examination in the past year and am able to attend NWCCD. I accept full responsibility for transportation, and/or any related costs for medical services, should the need for any service occur during the week of NWCCD. I authorize the camp nurse, camp physician, or camp director to transfer the above person to an advanced level of care facility for treatment, including a hospital, a clinic, and/or emergency transport vehicle. I authorize release of: Medical health history information, Health care provider, and Insurance information. I have medical insurance that is valid in the State of Oregon. I authorize the camp nurse to dispense medications as indicated on the NWCCD Medications Form. I have listed every medication on the NWCCD Medications Form.

Please print your name _____
(Parent, Guardian or camper age 18 or above)

Your signature _____
(Parent, Guardian or camper age 18 or above)

Date _____

This is the second of 2 pages for this document. Both must be filled out.

NORTHWEST CHRISTIAN CAMP FOR THE DEAF is designed for Deaf and Hard-of-Hearing people. If an individual requires personal care assistance for "Activities of Daily Living" that individual must provide the personal care assistant at their own expense. Furthermore, it is required that said personal care assistant provide full assistance for the camp attendee during NWCCD camp week. The personal care assistant must complete all NWCCD registration forms and all camp fees must be paid.

Date_____Camper's Name_____

Special Diet Needs Twin Rocks Friends Camp

Note from NWCCD Staff: *Special food items are ordered two weeks before camp.* If you do not get your request in before that time, then you will be responsible for special dietary needs.

Twin Rocks kitchen staff is able to help you with your special diet needs in two ways: by providing enough variety in the menu from which you may choose, and by making substitutions for some (although not all) menu items in order to give you well-rounded meals. The menus for this week/weekend are posted on the wall to the right of the podium.

Below, please list your special diet needs. Please be as specific as you can, i.e., "no dairy, no wheat, vegetarian, vegan, no peppers or onion, diabetic, etc." Please list only those diet needs that are related to food allergies, medical issues, or lifestyle choices, **but not food preferences**. Thank you.

Camper Name

Special Diet Needs (i.e., no dairy, no wheat, vegetarian, vegan):

You are welcome to bring into the Dining Center any food items to supplement what we are offering you. There is a small refrigerator in the dining room under the beverage counter where you may store these items. **We do ask those with no dairy or no wheat allergies to supply their own milk and bread. We offer only fresh fruit as an alternative to dessert for diabetics, so please bring your own sugar-free desserts if you want them.**

We hope you join us often for future camps. Upon request, we are happy to supply the week or weekend's menu ahead of time in order to help you with your planning.

**PICKUP PERMISSION FORM
IMPORTANT NOTICE
PICKUP ON FRIDAY JULY 28th**

For the protection of you and your child, a checkout is required at the end of camp. This will also help us be sure that your child has all of their camp crafts, belongings, medications, and accounts cleared before they leave.

Camper Name _____

- ☐ Check if Camper is 18 years old and up.
☐ • If camper is not a minor there is no need to go any further but please send this form.

The following people have permission to pick up my minor child from camp:

_____ Relationship to child _____

_____ Relationship to child _____

_____ Relationship to child _____

_____ Relationship to child _____

A signature and picture ID will be required from person picking up your child.

Parent's name (please print) _____

Parent's Signature _____

Please mail this form along with the registration forms. If we do not have this form in hand when it is time to check out your child and you are not the person who has come to pick them up, we will be calling you to come pick up your child. We will not allow your child to leave the camp grounds without proper authorization. Thank You!

Below signature on day of pickup:

Signature of person taking child _____ Date _____

Northwest Christian Camp for the Deaf Twin Rocks Friend's Camp



From Portland: Drive west from Portland on the Sunset Highway - 26. Just west of Hillsboro, bear left on Hwy 6 toward Tillamook. In Tillamook turn right onto hwy 101 - North. Go past Garibaldi. Follow Hwy 101 approximately 13 miles to Twin Rocks Friends Camp, located on your right just south of Rockaway beach

From Salem: Drive west from Salem on Hwy 22 to its intersection with Hwy 18. Turn left onto Hwy 18 and travel west approximately 5 mile to Valley Junction. Turn right (again onto Hwy 22) toward Hebo. In Hebo, turn right onto Hwy 101. Follow Hwy 101 north through Tillamook and Garibaldi on to Twin Rocks Friends Camp, located on your right just south of Rockaway beach.

Please do not contact Twin Rocks Friend's Camp. NWCCD coordinates and operates the Northwest Christian Camp for the Deaf. Address your inquiries to nwccd2011@yahoo.com

Below is contact information for use *during camp* only:

Twin Rocks' phone number during office hours: 503 355-2284

EMERGENCY NUMBER: 503 812-9200. This number should be answered by a Twin Rocks staff person during all hours that office is closed.

Campers have a mail-call every day.

The Twin Rocks campground address is: PO Box 6

Rockaway, OR 97136

CHECK LIST OF WHAT TO BRING TO CAMP

| | |
|-----------------------------------|---------------------------|
| Coat/Raincoat | One Dress-up Outfit |
| Tennis Shoes | (For the Banquet) |
| Soap & Shampoo | Sleeping Bag & Pillow |
| Warm Pajamas | Toothbrush/ Toothpaste |
| Jeans/Slacks | Socks & Underwear |
| Clothes for Play | Sweater & Jacket |
| Beach Clothes | Towel & Washcloth |
| Comb or Brush | Notebook & Pencil(s) |
| Kleenex Tissues | Bible |
| Suntan Lotion | Insect Repellent |
| Swimsuit (One Piece - No Bikinis) | |

Label your child's items with their name. Items left at camp are given to the local Salvation Army at the end of camp.

OPTIONAL ITEMS: Camera and film, stationary, stamps and flashlights with new batteries.

DO NOT BRING: Radios, CD/Cassette players (Walkman, etc.), or similar items.

Northwest Christian Camp for the Deaf

Camp check in is **Sunday**, July 23rd at 2:30p.m.
Camp pick up is **Friday**, July 28th at 10:00a.m.