



2023 Northern Lights Summer Camp Registration

MAIL COMPLETED FORMS TO:
Northern Lights Region
4227 S Meridian, Ste. C615
Puyallup, WA 98373

Tips and Hints - Start Here!

Thank you for registering for camp this summer. We suggest that you check the list on Pages 1 & 2 to see the information requested before beginning the registration process.

Every camper must fill out a registration.

If you have any questions, contact the Regional Office: office@northernlightsdisciples.org

To complete a registration, gather the following information for each camper:

- Camper name
- Date of birth
- Gender
- Grade entering in the coming school year
- First time camper or returning camper
- Mailing Address, City, and Zip Code
- Email Address of Parent/Guardian that is checked at least once a week

- Phone Number where the camper resides
- Name & Phone Number for Parent/Legal Guardian
- One additional Emergency Contact IF parent cannot be reached (name & phone number)
- Connection to Camp (Church, Friend, Other)
- Medical Information (i.e., Insurance, Doctor Name & Number)
- Camper Medication List with dosage information
- Vaccination History (yes/no questions)
- Emotional/Social Health questions (yes/no)
- General Health questions (yes/no)
- Camper's swimming experience/ability

Register for camp based on the grade your camper will enter in Fall 2022:

- GMPK Camp (entering grades 1-2)
- Kids Camp (entering grades 2-3)
- Junior Camp (entering grades 4-5)
- Chi Rho Camp (entering grades 6-8)
- CYF Camp (entering grades 9-HS Grad '23)

Dates and Deadlines

- **Early Bird discounts – register BY May 31st for \$15 off**
- **Registration deadline for all camps is 14 days prior to start date.**
- **Unless noted, camps begin Mon at 11 am and end Sat at 11 am.****
- **Scholarships are available – requests must come from a pastor. Contact the Regional Office for more information.**

Gwinwood Retreat Center – Lacey, WA

July 10-13 – Kids Camp (Entering Grades 2-3) - Register by June 26 **M 11 am to Th 11 am

July 10-15 – Junior Camp (Entering Grades 4-5) - Register by June 26

July 10-15 – ChiRho/CYF (Entering Grades 6-HS Grad) - Register by June 26

Cane Ridge West – Lincoln, MT

July 7-9 – GMPK Camp (Entering Grades 1-2 w/Parent/Grand/Guardian) - Register by June 23

July 10-15 – Kids Camp (Entering Grades 2-3) - Register by June 26

July 10-15 – Junior Camp (Entering Grades 4-5) - Register by June 26

July 17-22 – ChiRho/CYF (Entering Grades 6-HS Grad) - Register by July 3

Camp Session Selection

Check the camp you are registering to attend: *

Early Bird discounts – SUBTRACT \$15 if you are registered BY May 31st:

- Gwinwood:** Kids Camp (entering grades 2-3) (\$175.00)
- Gwinwood:** Junior Camp (entering grades 3-5) (\$250.00)
- Gwinwood:** Chi Rho Camp (entering grades 6-8) (\$250.00)
- Gwinwood:** CYF Camp (entering grades 9-HS Grad) (\$250.00)
- Cane Ridge West:** GMPK Camp (entering grades 1-2) (\$100.00)
- Cane Ridge West:** Kids Camp (entering grades 2-3) (\$250.00)
- Cane Ridge West:** Junior Camp (entering grades 4-5) (\$250.00)
- Cane Ridge West:** Chi Rho Camp (entering grades 6-8) (\$250.00)
- Cane Ridge West:** CYF Camp (entering grades 9-HS Grad) (\$250.00)
- Optional Sunday night lodging (**CRW only**) – (\$25 per person) No meals provided.
Camper must be under the supervision of a parent, guardian or designated adult.

What brings you here? (Choose one) *

- I am part of a church (which church?): _____
- I am a guest/friend of a camper (which camper?): _____
- Other (what's your camp connection this year?): _____

Camper Information

Camper's Name* _____

Gender* Male Female Other (please specify) _____

Preferred Pronouns _____

Camper Date of Birth* _____

Grade Completed in 2023* _____

Is this the first year your camper has attended a Disciples church camp?*

Yes No

Updates about camp are sent via email. List a family email checked at least once a week: *

Phone Number (where the camper resides)* _____

Camper Mailing Address*

Street Address*

City, State, and Zip Code*

First Emergency Contact: Parent/Guardian w/ Legal Custody

Provide the information below, if the address is the same as above, enter 'Same.'

We do need an emergency phone number for the primary parent/guardian.

Parent/Guardian First and Last Name* _____

Parent Address:

Street Address

City, State, and Zip Code

Preferred Emergency Phone Number* _____

Second Emergency Contact:

First and Last Name* _____

Preferred Emergency Phone Number* _____

Relationship to Camper* _____

Insurance Information

If your camper requires medical treatment while at camp, your family's or camper's health insurance information will be used at the hospital. Please provide that information below.

If you select "No Insurance" please type NA in the Carrier and Policy number sections

Health Insurance Carrier and/or Plan Name*

Policy or Group #* _____

Policy Holder's Name* _____

Date of Birth of Policy Holder* _____

No Insurance - Please select this box if your camper has NO health care insurance coverage.

Name of Camper's Primary Doctor* _____

Primary Doctor/Clinic Phone Number* _____

Camper Medical Information

This section helps our volunteer staff and medical personnel know about your camper's medical needs including:

- Any Medications your camper will take during camp
- Over the counter medications allowed or not allowed to your camper
- Allergies, diet, nutrition, and vaccinations
- General health questions and any restrictions
- Social & Emotional Health

Medications

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. All medications are collected, stored, and distributed by either a volunteer adult with a health care background or other designated adult volunteer.

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring only enough medications to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

- The camper WILL NOT take any daily medications while attending camp
- The Camper WILL take daily medications during camp.

Medication #1: _____

Dose: _____ Time: _____ AM / PM

Medication #2: _____

Dose: _____ Time: _____ AM / PM

Medication #3: _____

Dose: _____ Time: _____ AM / PM

Medication #3: _____

Dose: _____ Time: _____ AM / PM

- Camp staff HAS PERMISSION to administer over-the-counter medications as necessary.
- Camper SHOULD NOT be given any over-the-counter medications.
- Camp staff HAS PERMISSION to administer over-the-counter medications as necessary, EXCEPT: _____

Brief Medical History

Help our volunteers understand your camper's medical history to better care for your camper.

Allergy Information (check all that apply) *

- No Known Allergies
- Food
- Medicine
- The Environment

Briefly describe what the camper is allergic to, the reaction seen, and how it is treated:

Diet and Nutrition*

- Camper eats a regular diet.
- This camper eats a regular vegetarian diet.
- This camper has special food needs.

Briefly describe any special food needs:

Vaccinations: (check all that the camper has been vaccinated for or received booster shots) *

- Measles
- Chicken Pox
- Mumps
- German Measles
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Positive TB Mantoux Test
- COVID-19
- Camper has had NO vaccinations or booster shots.

Social/Emotional Health (check all that apply to your camper)*

- Ever been treated for attention deficit disorder or attention deficit/hyperactivity disorder?
- Ever been treated for emotional or behavioral difficulties or an eating disorder?
- During the past 12 months, seen a professional for mental/emotional health concerns?
- Had a significant life event that continues to affect the camper's life?
- Camper is emotionally and socially stable.

Please provide a brief description for any item you checked:

General Questions - Has/does the participant: (check all that apply) *

- Has been hospitalized in last 12 months
- Has had surgery in last 12 months
- Has recurrent/chronic illnesses
- Had a recent infectious disease
- Has ongoing health conditions resulting from COVID-19
- Had a recent injury
- Had/Has asthma/wheezing/shortness of breath
- Has diabetes
- Had/Has seizures
- Had/Has migraine headaches
- Wears glasses, contacts or protective eyewear
- Had/Has fainting or dizziness in last 12 months
- Has passed out/had chest pain during exercise in last 12 months
- Had mononucleosis (mono) during the last 12 months

- If female, had/has problems with periods/menstruation
- Had/Has back/joint problems in last 12 months
- Has a history of bedwetting
- Has problems with diarrhea/constipation
- Has any skin problems
- Has traveled outside the country in the past 9 months
- Has problems with falling asleep/sleepwalking/nightmares
- Has Frequent nose bleeds
- Camper is in general good health.

Additional Health Notes: This can be in addition to the above check marks - for example: frequent nose bleeds does not mean the camper is not generally healthy.

Camper's Swimming Experience and Ability*

- Non-swimmer -
Wading depth only, with or without a gentle current.
- Beginner -
Completed set of basic swimming classes and/or demonstrated ability to float and tread water. The beginning swimmer may be comfortable only in water they can touch bottom in with head above water or shallow water, with or without a gentle current.
- Intermediate -
Completed set of intermediate swimming classes and/or demonstrated ability to float, tread water, and do basic swim strokes (breaststroke, sidestroke). The intermediate swimmer is comfortable in deep water, may not be able to touch bottom, with or without a gentle current.
- Advanced -
Completed set of advanced swimming classes, participates in swimming sports, and/or demonstrated ability to do many swim strokes (breaststroke, sidestroke, backstroke, etc.) and basic life-saving maneuvers (float, tread water, etc.). The advanced swimmer is comfortable in deep water with or without a gentle current.

Additional Swim Experience Notes: _____

If your explanation about your camper's health exceeded the space(s) above, **please use this section to provide additional information about the camper that you think is important or that may affect the camper's ability to fully participate in the camp program** or by contacting Northern Lights Regional Administrator Robin Crabb at robin@northernlightsdisciples.org.

Additional Health Information: _____

Consent & Release

The undersigned person represents that he/she is the custodial parent/legal guardian of the above identified participant. The camper has my/our permission to attend the indicated camping program sponsored by the Northern Lights Region of the Christian Church (Disciples of Christ) as scheduled during the month of July 2022.

In case of medical emergency, I/We understand that every effort will be made to contact a parent or guardian of the camper. In the event I/We cannot be reached, I/We hereby grant permission to the camp staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for child while attending camp. I/We further release the camp director(s), volunteer counselors, onsite staff, and the Northwest Regional Christian Church (Disciples of Christ) from responsibility and liability for any accidents or illnesses occurring during camp. I/We also authorize the camp director or medical supervisor to dispense non-prescription drugs (i.e. Tylenol; ibuprofen) if the situation warrants unless otherwise stated.

I/We understand that the camping experience grows in intensity as the week progresses. I/We recognize that missing any part of the week compromises my child's experience of intentional Christian community and affects both my individual child and the camp community as a whole. I/We know that the demands outside this camp event may be in conflict with the commitment to spend a week apart in Christian camping, and I/We have chosen to have my child spend a week at camp uninterrupted. Thus, I/We agree to **not text or call** my child/youth during the week of camp. I/We acknowledge that I/We will be personally responsible for picking up my youth from the event if they violate any part of the covenant below.

I/We confirm that the participant has no physical or mental disabilities that would impair their participation except as noted above. I/We understand that the information provided on this form will be kept confidential and shared only as necessary to provide care of the participant.

By checking this box, I/We state that I/We have read and agree to the Consent and Release information above. *

Checking this box represents your digital signature and authorization. You cannot register for camp without accepting the "Consent and Release" information.

Photograph, Video Recordings, and/or Livestream Permission

With your permission, the Region's program staff and our volunteer camp staff (counselors and directors) may photograph or video record your child for the express purpose of promoting the Region's Summer Camp program or the Youth and Children's Ministries program through print media, digital media, and/or internet platforms. With your permission, Livestream technologies, such as Zoom or Facebook Live, may be used to connect programming at camp sessions running concurrently in different locations, during which time your child may be in view of the camera. Further, the staff of the facilities the Region rents for the Summer Camp program (Gwinwood Retreat Center and Conference Center, Cane Ridge West Conference and Retreat Center) have your permission to photograph or video record your child for the express purpose of promoting their facilities and ministry of hospitality through print media, digital media, and/or internet platforms. Below you can choose to NOT give your permission.

I/We authorize the Region to photograph and/or video record (including Livestream technology) my child/youth.

I/We DO NOT authorize the Region to photograph and/or video record (including Livestream technology) my child/youth.

Community Covenant

Our summer camp, retreat, education and mission trip experiences depend on a commitment to living in intentional Christian community by the participants and the adult volunteers. To do so, we agree to a covenant that helps manage our relationships with one another, our behavior within community, and as a community. We require all participants to read and agree to our Community Covenant below.

Summer camp, retreat, mission trip, or education trips are an opportunity to come to know God while living in intentional Christian community. To ensure every person's worth as a child of God and each person's safety, all participants (youth, children, and adults) follow this Community Covenant.

- I will participate fully in all activities.
- I will be respectful to all persons and the camp environment at all times.
- I understand that the adults are present for my safety, for my questions about life and faith, and that they are responsible to uphold the Region's policies and boundaries as well as that of the camp facilities. I will be respect and trust the adults.
- I will not wander away from the camp, small group, cabin group, or the total group without permission from a counselor. The Region practices, "Two Deep Leadership" to ensure the safety of all participants
- I will respect the personal items of other participants (children, youth, and adults) and respect the personal space and other person's physical autonomy.
- I will not bring food to camp unless authorized by the Associate Regional Minister due to my health requirements.
- Accidents happen. I understand that my family could be held financially responsible for any repairs needed to property as a result of my actions.

I understand and accept that if I am found with, or participate in any of the following, that I could be sent home from summer camp, from a retreat, education trip, or mission trip experience at my family's expense. I also understand that being sent home may limit or disqualify my participation in summer camp, retreats, education or mission trips in the future.

- I will not bring weaponry of any sort (knives, firearms, etc.) to camp.
- I will not bring or consume illegal drugs, alcohol, or tobacco of any sort.
- I will not steal anything from anyone.
- I will not physically harm another camper or adult.
- I will not participate in sexual activity of any kind.

- If I behave consistently in a way that disrespects the adults, other campers, or the facility that does not reflect the grace and love that is expected of persons who claim Christian faith.
- I understand that cell phones are allowed as cameras and during “cabin time” only. Phone calls are for emergency situations and should be arranged by the event director.

I look forward to spending time in community with those who share my interest in exploring Christian faith and the practice of Christianity as we play, pray, study, worship, and serve one another following the example of Jesus.

- By checking this box the camper and parent(s) agree to uphold the Community Covenant.*
You cannot register for camp, retreat, study trip, or mission trip experiences without agreeing to uphold the Community Covenant.

Cancellation and Refund Policy

Our refund policy is built on money that has already been spent in the preparation for a camp.

- Cancel 21 days (3 weeks) or more prior to the beginning of your camp to receive a full refund of fees paid minus \$20 administration fee.
- Refunds will not be issued for cancellations made less than three weeks before camp (COVID-19 exception below).

COVID-19 Exception

If the camper or a family member have been diagnosed with COVID-19, experienced COVID-19 symptoms, or have been exposed to someone who has been diagnosed with COVID-19 within two weeks prior to camp starting, you are asked to cancel the camper's registration and a full refund will be issued.

If you discover after submitting this registration form that an error was made or have another change to make for a camper - please contact the Regional Office (office@northernlightdisciples.org) to get the corrections made.

Do not submit a new registration form. Thank you.

Billing Information

Total Camp Fee: \$_____ (See page 3)

Name* _____

Payment Method: Pay by Mailed Check or Make Other Arrangements

Street Address* _____

City, State, and Zip Code* _____

Email* _____