



2025  
Winter Camp  
Camper Application Form

Amount Due \$ 75.00

Make checks payable to: Cove Christian Camp

Mail to: **P.O. Box 3352**

**La Grande, OR 97850**

Campers need to be ages 7<sup>th</sup> thru 12<sup>th</sup> grade

Camper Information:

Please **Print** Clearly

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender (circle one) Male Female Age \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ Last Grade Completed \_\_\_\_

Home Church (if applicable) \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

E-mail \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**CAMPER PICK-UP INFORMATION**

Person(s) authorized to pickup camper from Cove Christian Camp

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Complete health information and emergency authorization below:

**NOTICE!** This application is **NOT COMPLETE** until the health form and emergency authorization is filled in and signed.

**Health, Emergency Authorization and Activity Release Form**

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Camper's weight (if known): \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_ Work # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Doctor \_\_\_\_\_ Office# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Medical Ins. Co. \_\_\_\_\_ Policy# Group # \_\_\_\_\_

Known allergies: \_\_\_\_\_

Please List Current medications being taken, dosage and time of day.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time of Day \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time of Day \_\_\_\_\_

**All medications for your child must be prescribed by a physician, supplied in their original container and given to the camp nurse by the child's parent upon arriving at camp. Put in a zip lock bag with child's name on it.**

**Please list any current illness and/or emotional events your child may have experienced (divorce, bullying, death of loved one, etc.), any nighttime conditions (bedwetting, nightmares, sleeplessness, etc.) or other information helpful for our staff to help your child have a safe and fun experience at his or her camp. Use additional paper if more room needed.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following medications are often given by the camp nurse as needed. Please circle any the camper should not receive.**

- Advil      Claritin      Benadryl      Immodium      Calamine or Caladryl      Topical Cortisone
- Tylenol      Pepto Bismol      Tums      Miralax      Ducosate stool softener      Kaopectate
- Topical Antibiotic (Neosporin)      Maalox or Mylanta      Topical anti-itch creams      Hydrogen Peroxide
- Cough Lozenges      Cough syrup      Sunscreen/Sunburn products

Other: \_\_\_\_\_

### **Emergency Treatment Authorization**

In case of emergency, I hereby give permission for the camp nurse or first aid person to administer first aid treatment to named camper and transport by private vehicle to local clinic or hospital if further treatment or evaluation needed. If assessed to be a life threatening/emergent situation, camper to be transport by ground ambulance or air transport as appropriate to Grande Ronde Hospital or a hospital more appropriate for care of the medical emergency or injury, to secure proper treatment for the camper. In addition, I have read and understand this EMERGENCY TREATMENT AUTHORIZATION statement and give my full consent to the term found therein. (This form may be photocopied for use out of camp.)

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### **Contract of Release & Assumption of Risk Agreement**

As parent or legal guardian of the applicant, I am in favor of him/her attending camp, and accept the conditions named. The health history and application information are correct, as far as I know, and the person described herein has permission to engage in all prescribed camp activities, except as noted. In addition, I have read and understand this **CONTRACT OF RELEASE & ASSUMPTION OF RISK AGREEMENT**.

By signing below, I acknowledge I have read the above statement and consent to its conditions. I realize camp activities have inherent risks. I knowingly accept and assume this risk, and agree to release Cove Christian Camp, its employees, the Northwest Association of Christian Churches and its parent organizations from liability in case of accident or illness. Cove Christian Camp is not responsible for lost or damaged personal items, including cameras and personal recreational equipment, etc. I also agree that photographs and video of the applicant may be used for camp promotional material. I agree to abide by ALL camp regulations and policies and to uphold its objectives.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### ***Information for Parents and Campers***

**CAMP DIRECTOR:** Shaun Erickson 541-398-0632

Call Shaun if you have any questions about the list of items campers should bring.

**Cove Camp Phone for Emergency calls only: 541-568-4662**

ALL campers are expected to abide by camp rules and participate in all scheduled activities. Refusal to comply (defiance) may result in the camper's parent/guardian being called to come take the camper home, regardless of time or distance.