



2025 Summer Camp Middle and High School Registration

Please complete this registration form by July 13 and email it to officeadmin@oidisciples.org or mail it to Christian Church in Oregon & SW Idaho at 245 S Bancroft St. Suite F, Portland OR 97239

Camper Information

Camper's First Name _____ Last Name _____

Camper's Home Address _____

Camper's Phone _____ Camper's Email _____

Camper's Gender _____ Camper's Preferred Pronouns _____

Camper's Date of Birth _____ Camper's Age at the time of Camp _____

Grade Camper Completed by Summer 2025 _____

Camper's T-Shirt Size _____

Congregation Camper Attends _____

Parent/Guardian Information

Parent/Guardian #1 Name _____

Parent/Guardian #1 Preferred Phone _____

Parent/Guardian #1 Preferred Email _____

Parent/Guardian #1 Address _____

Parent/Guardian #2 Name _____

Parent/Guardian #2 Preferred Phone _____

Parent/Guardian #1 Preferred Email _____

Parent/Guardian #2 Address _____

2025 Middle and High School Summer Camp

Camper Information.

Camper Name: _____

Physician's Name and Phone # _____

Dentist's Name and Phone # _____

Health Insurance Company _____

Insurance ID # _____

Group # (if applicable) _____

Subscriber name _____ **Relationship to Camper** _____

Emergency Contact (Other than Parents)

Name, Phone, and Relationship _____

Allergies (select all that Apply)

Asthma

Ivy/Oak/Sumac Poisoning

Hay Fever

Bee/wasp sting

Penicillin

Food

Other

If you selected Food or Other please explain: _____

Immunizations

Measles

Mumps

Rubella

Polio

What was the date of your most recent Tetanus Toxoid Shot? _____

Camper Information Continued

Medical History (Check all applicable)

- | | |
|----------------------------------|------------------------------|
| Diabetes | Frequent Colds |
| Kidney Disease or Trouble | Frequent Sore Throats |
| Heart Murmur or Trouble | Tonsillitis |
| Epilepsy | Strep Throat |
| Fainting | Bronchitis |
| Stomach Upsets | Sinusitis |
| Eating Disorder | Ear Infections |
| Rheumatic Fever | Other |

In the list above, please explain any information that will be helpful for our staff to know.

Other Information (Check all that apply)

- | | |
|-----------------------------------|-------------------------|
| Attention Deficit Disorder | Bed Wetting |
| Contacts | Convulsions |
| Glasses | Constipation |
| Motion Sickness | Particular Fears |
| Learning Disability | Anxiety |
| Hyperactivity | Depression |
| Sleep Walking | Other |
| Athlete's Foot | |

If you checked anything in the list above, please explain any information that will be helpful for our staff to know.

List all medications and dosages you anticipate taking at camp, including over-the-counter medications.

Camper Information Continued

Is the camper currently under the care of a Physician or mental health professional? _____

If Yes, please explain

Are there any life circumstances or behavioral issues involving you that may be helpful for the staff to know?

Are there any specific activities in which participation should be encouraged?

Are there certain situations or group dynamics that could lead to challenges?

Are there any special dietary needs or restrictions? _____

If yes, please explain

Is there any information that would be helpful for the staff to know?

Camp Staff often times take photos and videos of youth during camp. When these pictures are used through social media, print publications, fliers and brochures this is done without names or home congregations of the youth adults listed. Sometimes other campers may post the pictures accompanied by their first and last name, and information regarding the student’s participation in a program or activity. We cannot fully control the use of individual campers posting pictures after the camp. Please indicate your preference.

I have read the statement and give my permission for pictures of my child/teen to be used in publicity/news photos without names.

I have read the statement and DO NOT give my permission for pictures of my child/teen to be used in publicity/news photos without names.

Parental Consent: I give my permission for the youth named in this registration to attend camp and to participate in all scheduled activities of the camp which may be on or off the event site. Recognizing that the staff of this event will do everything possible to provide for the safety and supervision of the attendees, I release the volunteers and paid staff of the Christian Church in Oregon and SW Idaho from liability regarding any incident which may arise during this event. In the event of an emergency, I give the leaders and staff permission to obtain whatever medical attention is necessary (including anesthesia and medical transport) for the health and well-being of my child. By signing my name below, I am signing my agreement to the “Parental Consent” statement above.

Signature of Parent/Guardian _____

Date _____

Each youth will be asked to read and sign a behavioral covenant when they arrive at camp. This covenant will be emailed ahead of time to the email address you have provided. Do you agree to review the covenant with your youth and understand that they are required to agree to the covenant by signature upon their arrival at camp?
