

## 2021 Camp Arrah Wanna Summer Camp Registration - Page 1

Complete (1) Registration for each camper | Fill in ALL REQUIRED fields  
Find more details in "General Info" document | Return completed forms by June 30, 2021

<b>Section 1:</b>	Select the grade-group that applies to this camper (based on grade COMPLETED spring 2021):			
<b>Program Choice</b>	Grades 1-2 (cost = \$275)	Grades 3-5 (cost = \$285)		
	Grades 6-8 (cost = \$290)	Grades 9-12 (cost = \$295)		
<b>Section 2: Camper Information</b>	Camper Last Name	First Name & M.I.		DOB (mm/dd/yyyy)
	Mailing address			Gender Female    Male
	City	State	Zip	Grade Completed
	Camper Email (if 18+ years old)		Camper Phone (if 18+ years old)	
<b>Section 3: Adult Contact #1: Parent/Guardian: FIRST emergency contact</b>	Parent/Guardian Last Name	First Name		Relationship to Camper
	Mailing address (if different from camper)			Phone 1:
	City	State	Zip	Phone 2:
	Parent/Guardian Email			
<b>Section 4: Adult Contact #2</b>	Last Name	First Name		Relationship to Camper
	Phone 1:	Phone 2:		
<b>Section 5: Adult Contact #3</b>	Last Name	First Name		Relationship to Camper
	Phone 1:	Phone 2:		
<b>Section 6: Other info CAW needs about this camper</b>	Will this camper be attending camp with/through a specific church? Yes          No			Attending church is <b>NOT</b> a requirement - this info is used for coordination & planning only
	Church Name & City:			
	Cabin buddy request		Cabin counselor/CIT request	
	Pictures: is it ok to include this camper's picture/likeness in CAW publicity?			Yes    No
	1st Time: Is this the FIRST time camper has attended an overnight CAW program?			Yes    No
	Siblings: any siblings from this immediate family attending Summer Camp? Sibling names: _____			Yes    No
	Has camper, or member of their household, served at a 2021 Volunteer work day?			Yes    No
	Who will be checking this camper IN? **		Relationship to camper & Phone #	
	Who will be checking this camper OUT? **		Relationship to camper & Phone #	
	**Be sure to contact our office before check-in / check-out if this information changes.			

## 2021 Camp Arrah Wanna Summer Camp Registration - Page 2

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<b>Section 7: Camper Health &amp; Medical Info</b>	Camper Last Name		First Name & M.I.		DOB (mm/dd/yyyy)			
	Medical Insurance Company:				ID/Policy #:			
					Group #			
	Name of insured (if different)				Issuer #:			
					Other #:			
	Does camper receive immunizations?		Yes	No	If yes, which ones?			
	Date of last Tetanus shot:		Has camper received COVID-19 vaccine?		Yes	No		
	This camper may experience/struggle with the following (mark all that apply) while at camp:							
	Physical health challenges		On Medication		Emotional/Developmental Health:		On Medication	
<input type="checkbox"/> Allergies (Seasonal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> ADD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> ADHD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Digestion issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Bed-wetting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Ear aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emotional regulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Heart conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Homesickness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sleeping challenges	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Lung conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other					
<input type="checkbox"/> Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
<input type="checkbox"/> Skin conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
<input type="checkbox"/> Stomach aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
<input type="checkbox"/> Other								

If any items above are selected, please explain any needs camper may have (other than medications on page 3):

Any physical/medical needs that will require additional medical care/support?		Yes	No
Please explain:			

Any developmental/emotional/behavioral diagnoses or concerns which need to be made known to CAW as we are responsible for this camper's 24-hour care?		Yes	No
Please explain:			

Does this camper have an IEP at school?		Yes	No
If yes, does it call for one-on-one adult aid during all or part of their school day?		Yes	No

CAW Medical Personnel may administer these OTC medications to this camper if needed (check all that apply):		
<input type="checkbox"/> Acetaminophen (Ex: Tylenol)	<input type="checkbox"/> Anti-Diarrheal (Ex: Pepto Bismol)	<input type="checkbox"/> NONE of the above
<input type="checkbox"/> Ibuprofen (Ex: Advil)	<input type="checkbox"/> Antihistamine (Ex: Benadryl)	<input type="checkbox"/> Other:
<input type="checkbox"/> Aspirin (Ex: Bayer)	<input type="checkbox"/> Topical itch cream (Ex: Cortizone)	

Does this camper have any known allergies to drugs/medications?		Yes	No
If yes, please list them here:			

Does this camper have any dietary restrictions or allergies?		Yes	No
If yes, please list them here:			

Will this camper be taking prescription medications while at camp? *		Yes	No
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\* If yes, be sure to complete page 3: Camper Medication List

## 2021 Camp Arrah Wanna Summer Camp Registration - Page 3

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<b>Section 8:</b>	Camper Last Name	First Name & M.I.	DOB (mm/dd/yyyy)	
<b>Camper</b>				
<b>Prescription Medication</b>				
List ALL medications that require an Rx that have been prescribed by this camper's doctor	#1: Prescription Med. Name		<input type="checkbox"/> Liquid <input type="checkbox"/> Capsule <input type="checkbox"/> Tab.	
	Purpose/Reason taken	Dose	Time(s) of day taken	
				Notes
	#2: Prescription Med. Name		<input type="checkbox"/> Liquid <input type="checkbox"/> Capsule <input type="checkbox"/> Tab.	
	Purpose/Reason taken	Dose	Time(s) of day taken	Notes
	#3: Prescription Med. Name		<input type="checkbox"/> Liquid <input type="checkbox"/> Capsule <input type="checkbox"/> Tab.	
	Purpose/Reason taken	Dose	Time(s) of day taken	Notes
	#4: Prescription Med. Name		<input type="checkbox"/> Liquid <input type="checkbox"/> Capsule <input type="checkbox"/> Tab.	
	Purpose/Reason taken	Dose	Time(s) of day taken	Notes
	#5: Prescription Med. Name		<input type="checkbox"/> Liquid <input type="checkbox"/> Capsule <input type="checkbox"/> Tab.	
	Purpose/Reason taken	Dose	Time(s) of day taken	Notes
	#6: Prescription Med. Name		<input type="checkbox"/> Liquid <input type="checkbox"/> Capsule <input type="checkbox"/> Tab.	
	Purpose/Reason taken	Dose	Time(s) of day taken	Notes
	#7: Prescription Med. Name		<input type="checkbox"/> Liquid <input type="checkbox"/> Capsule <input type="checkbox"/> Tab.	
	Purpose/Reason taken	Dose	Time(s) of day taken	Notes
	#8: Prescription Med. Name		<input type="checkbox"/> Liquid <input type="checkbox"/> Capsule <input type="checkbox"/> Tab.	
	Purpose/Reason taken	Dose	Time(s) of day taken	Notes
<b>Section 9:</b>	#1: Over-the-Counter Med.		<input type="checkbox"/> Liquid <input type="checkbox"/> Capsule <input type="checkbox"/> Tab.	
List any meds this camper takes that do NOT require a doctor's Rx	Purpose/Reason taken	Dose	Time(s) of day taken	
				Notes
	#2: Over-the-Counter Med.		<input type="checkbox"/> Liquid <input type="checkbox"/> Capsule <input type="checkbox"/> Tab.	
	Purpose/Reason taken	Dose	Time(s) of day taken	Notes
	#3: Over-the-Counter Med.		<input type="checkbox"/> Liquid <input type="checkbox"/> Capsule <input type="checkbox"/> Tab.	
	Purpose/Reason taken	Dose	Time(s) of day taken	Notes
	#4: Over-the-Counter Med.		<input type="checkbox"/> Liquid <input type="checkbox"/> Capsule <input type="checkbox"/> Tab.	
	Purpose/Reason taken	Dose	Time(s) of day taken	Notes
	<b>Section 10:</b>	Will this camper be bringing a <b>Rescue Inhaler</b> to camp?		Yes   No
	Inhalers & Epi-Pens	If yes, what type?	Albuterol   Xopenex	Should they carry it?   Yes   No
		Will this camper be bringing an <b>Epi-Pen</b> to camp?		Yes   No
		If yes, what is it for?		

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<b>Section 11: Camper Last Name</b>	First Name & M.I.	DOB (mm/dd/yyyy)
<b>Liability statement &amp; signature</b>	<b>Please read the following liability statement carefully:</b>	
	I, as the parent or legal guardian of the above Camper, or a camper 18 years or older, give permission for this Camper to participate in, and be transported to and from, all programmed activities planned by CAW, both on and off camp premises. In consideration of the Camper's participation in these activities, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive and relinquish CAW (or its officers, agents, employees and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which may arise out of the Camper's participation.	
	I also certify that all the information I have provided above, including health history & medications, is accurate and up-to-date. I hereby give permission to the medical personnel selected by Camp Arrah Wanna (CAW) to order x-rays and routine tests if necessary in an emergency. In the case of an emergency, I understand that every effort will be made to contact me/the emergency contacts listed. If I cannot be reached, I give permission to the selected physician to hospitalize, secure treatment, and order injections/surgery for the child named above. I give permission for the CAW medical personnel to treat minor illness or injury with the appropriate non-prescription first-aid methods. If I object to this statement I understand I must submit a separate written explanation with the registration form. I understand that my insurance will be billed for accidents and illnesses.	
	I certify that I am over 17 years old and/or the parent or legal guardian of the above participant and that I am entitled to his or her custody and control. I further certify that the Camper is in good health and has no physical or other severe impediment, which would endanger him or her while participating in camp activities. I realize that by participating in this program, the Camper may be exposed to a risk of injury or death. I understand the dangers incidental to participating in activities, including the High/Low Ropes Course, and the need for safety precautions. I have discussed the risks of these activities and the need for safety precautions with the Camper. I hereby execute the above Agreement Waiver, and Release on his/her behalf.	
	Parent/Guardian Signature:	Date:

<b>Dates &amp; Cost</b>		
<b>Grades 1 - 8</b> : July 12-15 (Monday - Thursday) For campers who have completed grades 1-8		
<b>\$275</b> for grades 1-2	<b>\$285</b> for grades 3-5	<b>\$290</b> for grades 6-8
* <b>CHECK IN @ 12:00 PM on Monday, July 12</b>		* <b>CHECK OUT @ 1:30 PM on Thursday, July 15</b>
<b>Grades 9 - 12</b> : July 12-16 (Monday - Friday) HIGH SCHOOL STUDENTS GET TO STAY (1) EXTRA DAY!		
<b>\$295</b>	* <b>CHECK IN @ 12:00 PM on Monday, July 12</b>	* <b>CHECK OUT @ 1:30 PM on Friday, July 16</b>
* More details about Check-In & Check-Out procedures will be sent once registration is received		

<b>How to Register for Summer Camp:</b>	
Registration MUST be received at CAW by June 30th	<ol style="list-style-type: none"> <li>1. Open the Registration Form from our website or your email (it is a fillable PDF document)</li> <li>2. Download and/or Save the document to your computer (be sure to remember where you saved it)  <div style="margin-left: 20px;">Tip: Use your camper's name when saving the file (Example: "2021.CAW.Reg_LauraYoung.pdf" )  This will make it easier to keep track if you have multiple campers</div> </li> <li>3. Fill in <u>ALL</u> mandatory information on pages 1-4</li> <li>4. Be sure to hit "SAVE" any time you make changes</li> <li>5. Follow the steps to create &amp; save separate forms for EACH camper you are registering</li> <li>6. Send the completed Registration Form(s) back to Camp Arrah Wanna by any of the following methods: <ol style="list-style-type: none"> <li>a. Attach completed PDF document to an email and send to <a href="mailto:program@camparrahwanna.org">program@camparrahwanna.org</a></li> <li>b. Go back to the CAW "Programs &amp; Events" page and use the "Upload Document" tool</li> <li>c. Print &amp; Mail completed form to: Camp Arrah Wanna, Inc.   24075 E Arrah Wanna Blvd.   Welches, OR 97067</li> </ol> </li> <li>7. REMEMBER: all registration forms need to be submitted by June 30th  If you have trouble, don't hesitate to call (503) 622-3189 or email <a href="mailto:program@camparrahwanna.org">program@camparrahwanna.org</a> - We're happy to help!</li> </ol>

<b>FOR CAW OFFICE USE ONLY:</b>		
Date received:	Camp Cost:	Notes:
Received by:	1st Time Discount (\$20):	
Church notified:	Sibling Discount (\$10):	
Confirm Sent:	Vol Discount (\$10):	
Reg Spread:	CAW Scholarship:	
Contact Spread:	Total Amount Due:	