

# Youth Event Registration

Real People • Real Connections • Solid Ground



Please return completed registration with payment to:  
 Westminster Woods  
 6510 Bohemian Highway  
 Occidental CA 95465  
 Phone 707-874-2426 • Fax 707-874-9129  
 Event information available at [www.westminsterwoods.org](http://www.westminsterwoods.org)

Initial

Last Name

## Camper Information – Please use a separate form for each camper

Camper First Name \_\_\_\_\_ Camper Last Name \_\_\_\_\_ Camper Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  F  M      Grade (circle one):    3    4    5    6    7    8    9    10    11    12

Church: \_\_\_\_\_

School/School District: \_\_\_\_\_

How did you hear about this event:  Postcard  Church  Friend  Website  Other: \_\_\_\_\_

Roommate Request (one only): \_\_\_\_\_

Vegetarian?  Yes  No      Is camper afraid of heights?  Yes  No (All Challenge Course activities are voluntary)

Did you attend Westminster Woods for Summer Camp 2016?  Yes  No

## 2014-2015 Weekend Youth Events – Check the event for which you are registering

<input type="checkbox"/> NovemberBash (\$155)	Middle School Grades 6-8	November 4-6, 2016
<input type="checkbox"/> DecemberFest (\$155)	High School Grades 9-12	December 9-11, 2016
<input type="checkbox"/> Forest Adventure (\$155)	Elementary School Grades 4-6	February 10-12, 2017

## Primary Household Information

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Provide contact details below for the primary parent/guardian of the camper listed above:

Relationship to camper \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional parent/guardian at same address: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact – Please provide two additional adult contacts not listed above**

_____	_____	_____	_____	_____
First name	Last Name	Relationship to camper	Phone #1	Phone #2
_____	_____	_____	_____	_____
First name	Last Name	Relationship to camper	Phone #1	Phone #2

**Family Information**

Marital Status of camper's parent(s):  Married  Not Married  Separated  Divorced  Widowed

Who has custody?  Mother  Father  Joint  Other \_\_\_\_\_

List person(s) legally restricted from seeing this camper, if any: \_\_\_\_\_

Other important family information: \_\_\_\_\_

**Payment Information**

**Payment and Cancellation Policy:** There is a \$50 non-refundable deposit required to register for Weekend Events. If you are only paying the deposit now, be aware that the balance is due in full 14 days prior to arrival at camp. **If you pay the deposit by credit card, your card will be charged for the remaining balance 14 days prior to the start of your camp session, unless prior arrangements are made for payment.** If your church is contributing to your balance, please be in communication with your church: we have asked churches to pay their portion 30 days prior to camp. **We will run the remaining balance 14 days prior to camp according to our policy.** A service charge of \$15 will be added for returned checks. For a refund of all except the deposit, cancellation notice must be received in writing 14 days prior to the first day of camp. Late notifications, no-shows, and/or early departures are not eligible for a refund. We will mail you important information regarding your camp session before your arrival or you may obtain this information on our website.

- I am enclosing a check:  \$155 full amount     \$50 non-refundable deposit (I will pay the remaining balance 14 days prior to camp)
- Please charge my credit card:  \$155 full amount     \$50 non-refundable deposit (Remaining balance will be charged 14 days prior to camp)  
    Visa/MasterCard/Discover Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_
- I am expecting Campership funds from my church. Name of Church/City: \_\_\_\_\_
- I would like to make a donation to the Westminster Woods Campership Fund in the amount of \$ \_\_\_\_\_

I agree to pay Westminster Woods the amount charged and to abide by the payment and cancellation policy.

_____	_____	_____
Print Name	Signature	Date

## Camper Health Information

Health information is mandatory for all participants and is required to complete your registration. Westminster Woods has a registered nurse on duty during all weekend youth programs. The information provided will allow us to serve you and/or your child effectively when injuries or health problems occur. All information provided is confidential and will be accessed only by those with a valid reason to know. Note: If any health conditions change prior to arrival at camp, please notify Westminster Woods *in writing* and it will be attached to your camper's file.

Does the camper have health insurance?  Yes  No

Health Insurance Co.: \_\_\_\_\_

Member #: \_\_\_\_\_ ID#: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Date of last physical examination: \_\_\_\_/\_\_\_\_/\_\_\_\_ (must be within 24 months of the first day of camp)

Are all immunizations current?  Yes  No If no, which immunizations are missing? \_\_\_\_\_

Date of most recent Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ (approximate)

Operations or serious injuries (dates and types):  
\_\_\_\_\_  
\_\_\_\_\_

## Camper Medications

Any medications brought to camp are *required* to be in original containers with current doctor prescription label attached. All campers and counselors must check-in medications with the camp nurse during the health screening at the beginning of each registration period. If you are taking medications against the methods prescribed on the label, a signed note from your physician will be required. Any over the counter medications will also be verified by staff at the health screening. Medications will be available at the First Aid Center during scheduled times.

None. Check here if the camper does not have medications.

Medication 1: \_\_\_\_\_ Dosage: \_\_\_\_\_

When taken?  Breakfast  Lunch  Dinner  Before Bed  As Needed

Type of illness being treated: \_\_\_\_\_

Medication 2: \_\_\_\_\_ Dosage: \_\_\_\_\_

When taken?  Breakfast  Lunch  Dinner  Before Bed  As Needed

Type of illness being treated: \_\_\_\_\_

Medication 3: \_\_\_\_\_ Dosage: \_\_\_\_\_

When taken?  Breakfast  Lunch  Dinner  Before Bed  As Needed

Type of illness being treated: \_\_\_\_\_

Medication 4: \_\_\_\_\_ Dosage: \_\_\_\_\_

When taken?  Breakfast  Lunch  Dinner  Before Bed  As Needed

Type of illness being treated: \_\_\_\_\_

## Camper Health History

Please check any of the following that apply:

- |                                                               |                                        |                                                                 |                                                |
|---------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Frequent ear infections              | <input type="checkbox"/> Dislocations  | <input type="checkbox"/> Heart defects/disease                  | <input type="checkbox"/> Asthma                |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Back problems | <input type="checkbox"/> Seizures                               | <input type="checkbox"/> Physical disabilities |
| <input type="checkbox"/> Emotional or behavioral difficulties |                                        | <input type="checkbox"/> Attention deficit issue                |                                                |
| <input type="checkbox"/> Recent life changes or trauma        |                                        | <input type="checkbox"/> Difficulties making or keeping friends |                                                |

Allergies or dietary restrictions (We are not equipped to facilitate specific special diets other than vegetarian.):

- Bee Stings    Food: \_\_\_\_\_    Drugs: \_\_\_\_\_    Other: \_\_\_\_\_

To help us give the best care to your camper, please use the space below (or a separate sheet of paper, if necessary) to explain any items marked above with as much detail as possible (dates, severity, etc.). In addition, please describe any current physical, mental or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp:

Please let us know if there are any restrictions and/or recommendations you have for camp staff while the camper is in attendance (e.g., hiking, swimming, Challenge Course, etc.). Please give as much detail and reasoning as possible.

## Waiver/Release of Liability

This signed waiver must be on file 14 days prior to a camper's attendance at any Westminster Woods program.

**Photo Release:** I grant permission for Westminster Woods to use pictures and/or videos taken of the camp participant named above while at camp and to use quotations and/or letters relating to their camp experience for promotional purposes.

**Release of Liability:** I realize that individuals at camp can injure themselves without fault on the part of Westminster Woods personnel. I release Westminster Woods from responsibility for injury to the camp participant named above. I also understand that health and accident insurance protection is my responsibility.

**Permission to Participate:** I give permission for the camp participant named above to engage in all prescribed camp activities except as noted in the Health Form. I will make sure the camp participant understands and agrees to abide by the restrictions noted on camp activities.

**Consent for Emergency Medical Treatment:** I hereby give permission to the medical personnel selected by Westminster Woods to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for the camp participant named above. In the event that a parent/guardian cannot be reached in an emergency, I hereby give permission to the physician selected by Westminster Woods to secure and administer treatment, including hospitalization, for the person named above.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name