

Ceta Canyon Camp

2007 Camper Registration Form

Mail to: **Ceta Canyon Camp Registrar**
37201 FM 1721
Happy TX 79042
Phone: 806-488-2268 **Fax:** 806-488-2594
E-Mail: info@cetacanyon.org **Website:** www.cetacanyon.org

For office use only		
CC # _____	Exp _____	
Check # _____	\$ _____	\$ _____
Amount		this camper
Check/CC From: _____		
Check # _____	\$ _____	\$ _____
Amount		this camper
Check From: _____		

EARLY BIRD REGISTRATION SPECIAL:
REGISTRATIONS POSTMARKED ON OR BEFORE MAY 15, 2007 ARE ONLY \$175.00!
AFTER MAY 15, 2007, THE CAMPER FEE FOR ALL CAMPS IS \$195.00

NOTE: If applicable contact us for refund information.

Please see www.cetacanyon.org or www.nwtxconf.org for on-line registration information, costs, dates, and Camp Directors for each campRegistration Forms must be complete and signed by the parent/guardian. **The registration fee must accompany the Registration Form, or camper will be on a "waiting list" until full fee is received.**

Please Print Legibly

Please Print Legibly

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Camp Registering For: One Way 8-9 (June 18-22) One Way 10-12 (June 25-29) One Way 4-5 (July 2-6)
 (Check all that apply) One Way 6-7 (July 9-13) Vision (July 16-20) Whoz-We-R (July 16-20)
 Crossroads (July 23-27)

Custodial Parent/Guardian _____	Additional Parent/Guardian _____
Address _____ Street or PO Box Number	Address _____ (If different from other parent)
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Ph# (____) _____	Home Ph# (____) _____
Work Ph# (____) _____ Cell Ph# (____) _____	Work Ph#(____) _____ Cell Ph#(____) _____
Email _____	Email _____

Alternate Emergency Contact: _____ **Relationship** _____ **Phone #** _____

Home Church _____ Phone# _____

Church Address _____
Street or Box Number _____ City _____ State _____ Zip _____

Pastor's Name _____ (Please print) Pastor's Signature _____
or designated staff

Camper Name _____
Last (goes by) _____ Middle Initial _____ First (goes by) _____

Home Address _____
Street or Box Number (If different from parent) _____ City _____ State _____ Zip _____

Birthdate _____ Gender ____ (F) ____ (M) Grade This Fall _____ Email _____

Who will pick up camper after camp _____

Roommate Preference (1 **only** please) _____
 (Roommate preference not guaranteed. Roommate preference not available for campers registered onsite.)

COMMENTS: Please list any special circumstances that might affect how the camper relates to others at camp. Examples: special dietary needs, short attention span, family or personal circumstances, etc.

Please use additional paper if more room is needed

Camp Activities at **Ceta Canyon Camp** may include but are not limited to: swimming, hiking in a rugged canyon setting, sports, water recreation, group games, Ropes Course and Climbing Wall activities. I do hereby assume all risk of the above and any other ordinary risk incidental in a public camp setting and will hold the NWTX Conference, Ceta Canyon Camp and their Trustees, employees and agents harmless from any and all liability. I hereby grant permission to Ceta Canyon Camp & Retreat Center to use photos of the above named camper, taken during activities at camp, for publicity purposes, in advertising materials, or on the camp's web site.

Parent/Guardian's Signature _____
 Don't forget to include your registration fee.....If interested in donating a Scholarship for a Camper, contact the NWTX Conference Office.
 1-806-762-0201 ext. 13 (Doris Wright)

*****This Form Must Be Filled Out to the Best of Your Knowledge*****

(A Copy of a School Shot Record is Acceptable)

**Please Be Sure and Sign this Form
Camper Medical Form**

Camper Name: _____ **Camp Attending:** _____

The following information is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. **Everything must be completely filled out or form will be returned.**

Immunization History: Please record the date (month/year) of basic immunizations and most recent boosters.

Vaccines	Year of Basic Immunization	Year of Last Booster
Hep B – hepatitis B		
DTP – diphtheria, tetanus, and pertussis (or)		
DTaP – diphtheria, tetanus, and acellular pertussis (or)		
DT – diphtheria and tetanus (or)		
Td – tetanus and diphtheria		
Hib – Haemophilus influenzae type b		
PCV – pneumococcal conjugate virus		
OPV – oral poliovirus (or)		
IPV – inactivated poliovirus		
MMR – measles, mumps, and rubella		
Varicella – chickenpox		
TB Test – tuberculin test		
PPV – pneumococcal polysaccharide virus		
Influenza		
Other		

Health History: Circle and give approximate date (mo/yr) where applicable

Health Problems	Diseases	Allergies- please list all
Frequent Ear Infections	Chickenpox	Hay Fever
Heart Defect/Diseases	Measles	Ivy Poisoning, etc.
Convulsions	German Measles	Insect Sting
Diabetes	Mumps	Penicillin
Bleeding/Clotting Disorders	Other	Other Drugs
Hypertension		Asthma
		Food Allergies
		Other Allergies

Operations or serious injuries (dates) _____
 Chronic or recurring illness or medical condition _____
 Dietary restrictions or special requests _____
 Activities to be encouraged or limited _____
 Current medications (send with instructions) _____

(Note: Camp not usually equipped to give shots)

Suggestions on health related information for camp personnel- short attention span, etc.

For Females: Has this person begun menstruation? _____ yes _____ no
 If not, has she been told about it? _____ yes _____ no
 If so, is her menstrual history normal? _____ yes _____ no Special Consideration? _____

To The Best of My Knowledge (Camper's Name) _____ **is in good health and is able to participate in all camp activities with the limitation listed above. In the event of an emergency and I am unable to be reached, I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency medical facility. I understand that should the medical history change, it is my responsibility to let the camp director know at camp registration.**

*****Parent/Guardian Signature** _____ **Date** _____ *******

How did you hear about us _____ Church _____ Radio _____ Other _____

Insurance Information:

Please Note: Camper's insurance coverage, through the camps, is provided as a "secondary" or back-up" coverage on a limited basis to any other coverage camper has under separate, private, or group plans.

Please send a copy of your insurance Identification card (Front & Back) along with registration.

Medical Insurance Company _____

Policy# _____ Group# _____

Insurance Address & Phone # _____

Family Physician Name & Phone # _____