

# Ceta Canyon Camp

## 2010 New Dawn I (June 7-11)

### Camper Registration Form

**Mail to:** Ceta Canyon Camp Registrar  
37201 FM 1721  
Happy, Texas 79042

**Phone:** 806-488-2268 **Website:** www.cetacanyon.org  
**Fax:** 806-488-2594 **Email:** will@cetacanyon.org

<u>for office use only</u>	
Check # _____ \$ _____	\$ _____ Amount this camper
Check/CC From: _____	
Check # _____ \$ _____	\$ _____ Amount this camper
Check/CC From: _____	

**Early, Early Registration Special:** If your registration is postmarked by March 31, 2010 the camper fee is \$215.  
**Early Registration:** If your registration is postmarked on/between April 1-May 1, 2010 the camper fee is \$230.  
**Late Registration Fee:** All registration postmarked after May 1, 2010, will be charged the full price of \$245.

Please see [www.cetacanyon.org](http://www.cetacanyon.org) for registration information, costs, and camp dates.  
Registration Forms **MUST** be **completed in full** and signed by the parent/guardian.  
The registration fee must accompany the Registration Form, or camper will be placed on the "waiting list" until full payment is received.

**\*\*\*Please Print Legibly\*\*\***

Camper Name: \_\_\_\_\_  
Last Name      Middle Initial      First Name      Nickname

Physical Address: \_\_\_\_\_  
Street or Box Number      City      State      Zip

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Camper email: \_\_\_\_\_

Gender: Male Female Age at Camp: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Church: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Church Address: \_\_\_\_\_  
Street or Box Number      City      State      Zip

Pastor's Name: \_\_\_\_\_ (Please Print) Pastor's Signature: \_\_\_\_\_ (Or Designated Staff)

Does Camper Reside at (please check one): \_\_\_\_\_ Home \_\_\_\_\_ Foster Home \_\_\_\_\_ Group Home

Custodial Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_

Additional Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_

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

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

Who will pick up camper after camp: \_\_\_\_\_

Roommate Preference (1 **only** please): \_\_\_\_\_

(Roommate preference is not guaranteed. Roommate preference not available for campers registered onsite.)

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 and 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 website.

Custodial Parent/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: All camp fees include a \$10.00 nonrefundable registration fee.

Don't forget to include your registration fee.  
If you are interested in donating a Scholarship for a Camper, contact the NWTX Conference Office. 1-806-762-0201

# CAMP NEW DAWN I HEALTH EXAMINATION FORM

RETURN TO: Ceta Canyon Registrar  
37201 FM 1721  
Happy, TX 79042

Please have parent/guardian and physician complete appropriate sections of this form **in full** before mailing. 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.**

Camper Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP**

**\*This section must be filled out before form is considered complete.**

- Is camper on a special diet?                    \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Is camper on any special medicine?        \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Is camper on any new medication?         \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Is medicine being sent by parent/guardian? \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Restrictions on swimming, diving?        \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Restrictions on strenuous activity?        \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Is camper able to dress self?                \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Is camper able to sleep in an upper bunk? \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Is camper able to talk?                      \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Does camper walk well?                      \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Is camper an early riser?                    \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Does camper wet the bed?                    \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Does camper smoke or chew tobacco?     \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Is camper able to read?                      \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Does camper have incontinence problems? \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Is camper a sleepwalker?                    \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_
- Does camper wear protective garments (i.e. Depends) \_\_\_ Yes \_\_\_ No    Explain \_\_\_\_\_

Camper's T-Shirt Size: S M L XL XXL

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

	Totally Independent	Partially Independent	Dependent
<b>Brush Teeth</b>			
<b>Bathing</b>			
<b>Dressing</b>			
<b>Eating</b>			
<b>Toilet Usage</b>			

**PARENT/GUARDIAN AUTHORIZATION:** This health history is correct so far as I know and the person herein described has my permission to engage in all prescribed camp activities, except as noted by me and the examining physician. **In the event that I cannot be reached in an EMERGENCY**, I hereby give permission to the physician, selected by the camp director, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the person named above.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL EXAMINATION**  
**To be filled out by licensed physician**

This examination should be performed within 12 months before arrival at camp. **You may attach a current physical (if it occurred in the last 12 months) as long as it contains the same information as below.** Examinations are necessary for determining fitness/ability to engage in all activities.

CODE: S – Satisfactory U - Unsatisfactory (Explain) O - Not Examined

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B.P.: \_\_\_\_\_ Hgb. Test: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

Eyes \_\_\_\_\_ Extremities \_\_\_\_\_

Glasses \_\_\_\_\_ Posture (spine) \_\_\_\_\_

Ears \_\_\_\_\_ Skin \_\_\_\_\_

Nose \_\_\_\_\_ Allergy - Please specify: \_\_\_\_\_

Throat \_\_\_\_\_

Teeth \_\_\_\_\_

Heart \_\_\_\_\_

Lungs \_\_\_\_\_ General Appraisal: \_\_\_\_\_

Abdomen \_\_\_\_\_

Hernia \_\_\_\_\_

\* (For girls and women) Has this person menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

If so, is her menstrual history normal? \_\_\_\_\_

Special considerations: \_\_\_\_\_

Comments: \_\_\_\_\_

**I HAVE EXAMINED THE PERSON HEREIN DESCRIBED AND HAVE REVIEWED HIS/HER HEALTH HISTORY. IT IS MY OPINION THAT HE/SHE IS PHYSICALLY ABLE TO ENGAGE IN CAMP ACTIVITIES, EXCEPT AS NOTED ABOVE.**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Date Examined: \_\_\_\_\_ Cabin # \_\_\_\_\_ Year: \_\_\_\_\_

