

2012 Ceta Canyon New Dawn Camper Registration Form

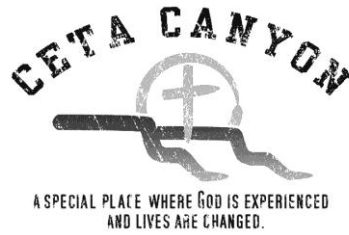
2012 New Dawn I

June 11-15, 2012

Mentally Challenged Adults

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

Phone: 806-488-2268
Email: info@cetacanyon.org



Website: cetacanyon.org
Fax: 806-488-2594

For Office Use Only		
Check # _____	\$ _____	\$ _____ Amount This camper
Check/CC From: _____		
Check # _____	\$ _____	\$ _____ Amount This camper
Check/CC From: _____		

Please see www.cetacanyon.org for registration information, costs, and camp dates

Early, Early Registration Special: If your registration is **postmarked on/before April 2, 2012** the camper fee is \$225.

Early Registration: If your registration is **postmarked on/between April 3- May 15, 2012** the camper fee is \$240.

Late Registration Fee: All registration **postmarked on/after May 16, 2012** will be charged the full price of \$255.

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

Please Print Legibly

Please Print Legibly

Camper Name

_____ Last Middle Initial First Goes By

Home Address _____
Street or PO Box Number City State Zip

Home Phone # (_____) _____ Cell # (_____) _____ Camper Email _____

Does camper reside at (please check one): Home _____ Foster Home _____ Group Home _____

Gender _____ (M) _____ (F) Age at Camp _____ Birth Date _____

Custodial Parent/Guardian (1) _____ Email _____

Address _____
Street or PO Box Number City State Zip

Home Phone# (_____) _____ Work Phone# (_____) _____ Cell Phone#(_____) _____

Custodial Parent/Guardian (2) _____ Email _____

Address _____
Street or PO Box Number (If different than Parent 1) City State Zip

Home Phone# (_____) _____ Work Phone# (_____) _____ Cell Phone#(_____) _____

Alternate Emergency Contact _____ **Relationship** _____ **Phone # (_____)** _____

Home Church _____ City _____ Phone# (_____) _____

Who will pick up camper after camp? _____

Roommate Preference (1 **only** please) _____
(Roommate preference 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:** _____
Don't forget to include your registration fee.

Cancellation Policy: All camp fees include a nonrefundable registration fee. A \$10 handling fee will be applied to all cancellation. 10 days from the first day of camp, the cancellation fee is half of the registration fee. Cancellations within 5 days of the start of camp will lose their full registration fee. All cancellations must contact the camper registrar.

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

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 _____ |

Campers T-Shirt Size: S M L XL XXL

Other: _____

	Totally Independent	Partially Independent	Dependent
Brush Teeth			
Bathing			
Dressing			
Eating			
Toilet Usage			

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.

Custodial 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:** _____

