

Ceta Canyon Camp



2012 Lil' Ceta Camp

Sponsored by Ceta Canyon Camp and Retreat Center

Mail to: **Camp Registrar**
37201 FM 1721

For Grades 2nd - 3rd

Happy TX 79042

July 18th - July 20th

For office use only

Check # _____	\$ _____	\$ _____	_____
		Amount	this camper
Check From: _____			
Check # _____	\$ _____	\$ _____	_____
		Amount	this camper
Check From: _____			

Phone: 806-488-2268 E-Mail: info@cetacanyon.org Toll Free: 800-593-1992 Web Site: www.cetacanyon.org

Early Bird Registration Special: If your registration is postmarked **on or before April 1, 2012** the camper fee is \$122.00

Early Registration: If your registration is postmarked **on/between April 2-May 15, 2012** the camper fee is \$132.00

Late Registration Fee: All registrations **postmarked on/after May 16, 2012** will be charged the full fee of \$147.00

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

The signed Medical Form and registration fee must accompany the Registration Form, or form and money will be returned.

Please Print Legibly

Please Print Legibly

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Camper Name _____
Last Middle Initial First Goes By

Home Address _____
Street or Box Number City State Zip

Gender ____ (M) ____ (F) Grade Fall 2011 _____ Age at Camp _____ Birth Date _____ T-Shirt Size _____

Home Church _____ Phone# (____) _____

Church Address _____
Street or Box Number City State Zip

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

Custodial Parent/Guardian _____ **Additional Parent/Guardian** _____

Address _____ Address _____
Street or PO Box Number (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 _____

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 to the camp setting and will hold 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.

Custodial Parent/Guardian's Signature _____

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

Don't forget to include your registration fee.

Camper Medical Form

Please Be Sure and Sign this Form

Camper Name: _____ **Birthdate:** _____

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.

Immunization History: Please record the date (month/year) of basic immunizations and most recent boosters.
(A Copy of a School Shot Record is Acceptable)

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: Please 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

Does your child have asthma? _____ yes _____ no
 Operations or serious injuries, include dates _____
 Chronic or recurring illness or medical condition _____
 Dietary restrictions or special requests _____
 Activities to be encouraged or limited (swimming, diving, etc.) _____
 Current medications: PLEASE COMPLETE THE ATTACHED FORM
 Suggestions on health related information for camp personnel (short attention span, bed wetting, etc.) _____

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.**

Custodial Parent/Guardian Signature _____ **Date** _____
Alternate Emergency Contact _____ **Relationship** _____ **Phone # ()** _____
 How did you hear about us _____ Church _____ Radio _____ Postcard _____ On-line Search _____ 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 # _____

