

# Ceta Canyon Camp

## 2012 Family Camp



Mail to: **Camp Registrar**  
**37201 FM 1721**  
**Happy TX 79042**  
**Phone: 806-488-2268 E-Mail: info@cetacanyon.org**  
**Toll Free: 800-593-1992 Fax: 806-488-2594**  
**Web Site: www.cetacanyon.org**

<b>For office use only</b>	
Check # _____	\$ _____ Amount
Check From: _____	
Check # _____	\$ _____ Amount
Check From: _____	

**Sept. 1-3, 2012**

Check in 9:30-10:30am

Check Out 10:30am

**Registration Fee:** All fees include lodging, meals, and all activities.

**Family of 3:** \$ 250 for whole family

**Family of 4:** \$300 for whole family

**Family of 5 or more:** \$ 300 plus meals for each addition child.

**Meals Costs (Includes all meals):** Ages 5-12-\$39 per child; Ages 13and up-\$49 per child.

\*\*\*Please see [www.cetacanyon.org](http://www.cetacanyon.org) for registration information, costs, and dates\*\*\*

Registration Forms must be completed and signed by the pastor (or designated staff).

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\*\*\*

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

**Parent (1) Name** \_\_\_\_\_  
 Last Middle Initial First Birthday

**Parent (2) Name** \_\_\_\_\_  
 Last Middle Initial First Birthday

Home Address \_\_\_\_\_  
 Street or Box Number City State Zip

Home Ph# (\_\_\_\_\_) \_\_\_\_\_ Parent 1Cell # (\_\_\_\_\_) \_\_\_\_\_ Parent 2 Cell # (\_\_\_\_\_) \_\_\_\_\_

E-mail Parent 1 \_\_\_\_\_ E-mail Parent 2 \_\_\_\_\_

Home Church \_\_\_\_\_ Phone# (\_\_\_\_\_) \_\_\_\_\_

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

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

### Children Information

- Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age at Camp \_\_\_\_\_ Birthday \_\_\_\_\_
- Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age at Camp \_\_\_\_\_ Birthday \_\_\_\_\_
- Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age at Camp \_\_\_\_\_ Birthday \_\_\_\_\_
- Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age at Camp \_\_\_\_\_ Birthday \_\_\_\_\_
- Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age at Camp \_\_\_\_\_ Birthday \_\_\_\_\_

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 campers, 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

**\*\*\*This Form Must Be Filled Out to the Best of Your Knowledge\*\*\*  
Please Be Sure and Sign this Form**

**Parent 1 Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

The following information is gathered to assist us in identifying appropriate care. **Everything must be completely filled out!!**

**Health History: Please give approximate date (mo/yr) where applicable**

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

Do you have asthma? \_\_\_\_ Yes \_\_\_\_ No  
Operations or serious injuries including dates:

Chronic or recurring illness or medical condition:

Dietary restrictions or special requests \_\_\_\_\_  
Suggestions on health related information for camp personnel - short attention span, etc. \_\_\_\_\_

**To The Best of My Knowledge** I am in good health and am 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.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*How did you hear about us\** \_\_\_\_ Church \_\_\_\_ Radio \_\_\_\_ Postcard \_\_\_\_ On-line Search \_\_\_\_ Other \_\_\_\_\_

**Please list any medications:**

Medication	Dosage	Time	Special Instructions

**Parent 2 Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

The following information is gathered to assist us in identifying appropriate care. **Everything must be completely filled out!!**

**Health History: Please give approximate date (mo/yr) where applicable**

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

Do you have asthma? \_\_\_\_ Yes \_\_\_\_ No  
Operations or serious injuries including dates:

Chronic or recurring illness or medical condition:

Dietary restrictions or special requests \_\_\_\_\_  
Suggestions on health related information for camp personnel - short attention span, etc. \_\_\_\_\_

**To The Best of My Knowledge** I am in good health and am 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.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*How did you hear about us\** \_\_\_\_ Church \_\_\_\_ Radio \_\_\_\_ Postcard \_\_\_\_ On-line Search \_\_\_\_ Other \_\_\_\_\_

**Please list any medications:**

Medication	Dosage	Time	Special Instructions

**\*\*\*Each child needs a form filled out\*\*\***

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

The following information is gathered to assist us in identifying appropriate care. **Everything must be completely filled out!!**

**Health History: Please give approximate date (mo/yr) where applicable**

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

Does your child have asthma? \_\_\_\_Yes \_\_\_\_No  
Operations or serious injuries including dates:

Chronic or recurring illness or medical condition:

Dietary restrictions or special requests \_\_\_\_\_  
Suggestions on health related information for camp personnel - short attention span, etc. \_\_\_\_\_

**To The Best of My Knowledge** (child'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 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*How did you hear about us\* \_\_\_\_Church \_\_\_\_Radio \_\_\_\_ Postcard \_\_\_\_ On-line Search \_\_\_\_Other \_\_\_\_\_

**Please list any medications:**

Medication	Dosage	Time	Special Instructions

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

The following information is gathered to assist us in identifying appropriate care. **Everything must be completely filled out!!**

**Health History: Please give approximate date (mo/yr) where applicable**

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

Does your child have asthma? \_\_\_\_Yes \_\_\_\_No  
Operations or serious injuries including dates:

Chronic or recurring illness or medical condition:

Dietary restrictions or special requests \_\_\_\_\_  
Suggestions on health related information for camp personnel - short attention span, etc. \_\_\_\_\_

**To The Best of My Knowledge** (Child'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 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*How did you hear about us\* \_\_\_\_Church \_\_\_\_Radio \_\_\_\_ Postcard \_\_\_\_ On-line Search \_\_\_\_Other \_\_\_\_\_

**Please list any medications:**

Medication	Dosage	Time	Special Instructions

**Family 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 # \_\_\_\_\_