

Application

Please complete both sides of application
(please type or print)

First Name _____ Last Name _____

Mailing Address _____
(Street Address) (City) (State) (Zip)

Phone: () _____ () _____ () _____
(Home Phone) (Mother's Work or Cell Phone) (Father's Work or Cell Phone)

Sex: ☐ Male ☐ Female Age: _____ Birthday ____/____/____

Grade: _____ Church _____

I do support (Parent) and I agree (Camper) to abide by all camp regulations.

(Parent's Signature) (Camper's Signature)

Indicate Week(s) of Attendance

<input type="checkbox"/> Adventure and Family Camp	ages 6-9	June 26-July 3
<input type="checkbox"/> Pathfinder and Family Camp	ages 10-16	July 3-July 10
<input type="checkbox"/> Junior 1	ages 10-12	July 10-July 17
<input type="checkbox"/> Junior 2	ages 10-12	July 17-July 24
<input type="checkbox"/> Tween and Family Camp	ages 12-16	July 24-July 31
<input type="checkbox"/> Family Camp		July 31-August 7

A special Weekend Family Camp is planned for July 1-3, July 8-10 and July 29-31. Please contact the Youth Ministries Department for the Weekend Family Camp Application at 818-546-8439.

BASIC CAMP FEE (\$300) \$ _____

Specialty Class fees \$ _____

Picture thumb drive (\$10) \$ _____

Laundry service
(\$10 per extra week) \$ _____

Store money \$ _____

Child Pick-Up Fee if Camper is not picked up by 10 AM Sunday (\$5.00 Per Hour)

TOTAL ENCLOSED: \$ _____

OFFICE USE

RECEIPT NO.	AMOUNT
Monies Collected at Camp \$	
Person(s) Authorized to Pick-up Camper:	

Specialty Class Pre-Registration

Please indicate 1st, 2nd, and 3rd choice for Junior-Tween camps, *Adventurer Camp Class: (each class needs a minimum of 15 campers)

- ☐ Sports Camp (\$25)
- ☐ Balloon Art* (\$15)
- ☐ Ceramics (\$55)
- ☐ Optical Illusion* (\$10)
- ☐ Guitar Lessons* (\$25)
- ☐ Horsemanship (\$80, ages 10 and up)

Please make checks payable to: **Southern California Conference** • Send to: Youth Ministries Dept. P.O. Box 969, Glendale, CA 91209

After June 19 send application to: Camp Cedar Falls, P.O. Box 1134, Angelus Oaks, CA 92305

Medical Consent Form

We, the undersigned parent(s) or guardian of:

Name of camper _____

a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of any physician the camp may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Camp Cedar Falls or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to Camp Cedar Falls.

We hereby authorize any hospital, physician or other person who has attended or examined the minor to furnish the camp's insurance company or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

If your child has special needs, behavioral problems, or mental disorders, prior arrangements need to be made with camp director.

Parent or legal guardian's signature

Print Name

Date _____

1. Circle the number of times camper has been to camp.

0 1 2 3 4 +

2. Check if applicant has:

- | | | | |
|--|---|-----------------------------------|---|
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Lung Problem | <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Allergy to bee/wasp stings | <input type="checkbox"/> Nausea | <input type="checkbox"/> Transmissible Conditions |

3. Medical Card: Card No. _____

Attach a copy of child's/camper's medical insurance card

4. Date of last tetanus vaccine if child is over 12 years old: _____

5. Recent surgery or injury: _____

6. Serious illness during past year: _____

7. Allergies: _____

8. Allergic to the following medication(s): _____

9. Non-Prescription medication may be taken at camp: ☐ Yes ☐ No

10. Medication taken within the year: _____

11. If more space is needed for explanations, attach separate sheet.