

# 2020 Mayfield Jr. Grange Camp information

## Junior Camp Mayfield

July 19-25, 2020

### Registration Fee:

\$175 if received before June 19<sup>th</sup>

\$200 at Camp

### Mail Registration forms to:

Jennifer Oliver

3307 128<sup>th</sup> Street East

Tacoma, WA 98446

(253)906-6078

[jenandmarv@yahoo.com](mailto:jenandmarv@yahoo.com)

Makes checks payable to:

Mayfield Junior Grange Camp



**MAYFEILD JUNIOR GRANGE CAMP  
MEDICAL PERMISSION FORM**

**\*MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN\***

**CHILD MUST BRING THIS COMPLETED FORM TO CAMP. NO CHILD WILL BE ALLOWED TO REMAIN AT CAMP WITHOUT A SIGNED PERMISSION FORM.**

We give permission to attend the Jr. Grange Camp named below and agree not to hold the Washington State Grange or camp staff and directors responsible for losses, injury or accidents at camp or enroute to and from camp. This is to certify that the bearer of this form has the permission of the undersigned to authorize necessary emergency medical care by attending physicians or others he or she may choose in the event of accidental injury, ingestion or illness. The undersigned accepts all financial responsibility for necessary treatment and services. We further give the camp permission to take my child to the doctor or hospital for emergency medical treatment.

Camper's Name \_\_\_\_\_

Birthdate: \_\_\_\_\_ **Circle one**  
Boy / Girl

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**We must be able to contact someone in case of emergency.**

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

Second (emergency number (REQUIRED) ( \_\_\_\_\_ ) \_\_\_\_\_

**MEDICAL INFORMATION**

Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Health/Diet Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

Problems we should be aware of: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

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

**Parent or guardian must sign this form. No one else is to sign the permission form.**

**MAYFIELD JUNIOR GRANGE CAMP REGISTRATION FORM**

**\*REGISTRATION FORM MUST BE COMPLETED BY PARENT OR GUARDIAN\***

Please detach this section and send as registration with check for camp fee. See back of this form for registration fees and an address to mail this form.

Camper's Name \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ **Circle one**  
Male / Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**We must be able to contact someone in case of emergency.**

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

Second (emergency number (REQUIRED) ( \_\_\_\_\_ ) \_\_\_\_\_

If possible, I would like to be in a cabin with: \_\_\_\_\_

Name of adult who will pick up child: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Camper must check out with camp director/designee before leaving camp.**

**\*MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN\***

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

Amount Enclosed: \$ \_\_\_\_\_

**COMPLETE IF KNOWN:**

Sponsoring Grange or Grange Member: \_\_\_\_\_

Grange/Number: \_\_\_\_\_ County: \_\_\_\_\_

**BRING THE COMPLETED MEDICAL PERMISSION FORM (AT LEFT) TO CAMP. NO CHILD WILL BE ALLOWED TO REMAIN AT CAMP WITHOUT A SIGNED MEDICAL PERMISSION FORM.**

\*By signing this form, I give permission for my child to go on an off-site field trip. I also give permission to publish photographs of camp activities that include my child.\*