

**2020 MOREHEAD JUNIOR GRANGE CAMP REGISTRATION AND MEDICAL PERMISSION FORM**

When: July 12-18, 2020

WHERE: Morehead Park, 27600 Sandridge Road, Ocean Park WA

**REGISTRATION AND MEDICAL PERMISSION FORM MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN**

**REGISTRATION SECTION**

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

Birthdate: \_\_\_\_\_ Circle One: Male Female

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

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

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

Emergency Phone # ( \_\_\_\_\_ ) Second Phone # ( \_\_\_\_\_ )

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

Name of adult who will pick up child: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Telephone # ( \_\_\_\_\_ ) Cell Phone # ( \_\_\_\_\_ )

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

Sponsoring Grange or Grange Member (if known) \_\_\_\_\_

**Registration Fee of \$160 (before July 1) or \$180 (after July 1) should accompany registration form. No space will be held without fees paid.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Signing this registration form also give permission to publish photographs of the camp activities that include my child and for my child to go on off-site field trips.

\*\*\*\*\*

**MEDICAL PERMISSION SECTION**

No child will be allowed to remain at camp without a signed medical permission form.

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

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

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

Health Restrictions \_\_\_\_\_

Dietary Restrictions

- Gluten Free
- Vegetarian
- Vegan
- Kosher
- None
- Other \_\_\_\_\_

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

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

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

I/We give permission to attend Junior Grange Camp and agree not to hold the Washington State Grange or camp staff and directors responsible for losses, injury or accidents at camp or en-route 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. I/We accept all financial responsibility for necessary treatment and services. I/We further give the camp permission to take my child to the doctor or hospital for emergency medical treatment.

**Send registration form and fees to: Tom Gwin, Camp Director, PO Box 181, Humptulips WA 98552**