

NORTHERN DISTRICT
JR GRANGE CAMP
Cornet Bay 2025
Registration Form

JULY 7-12
MON-SAT

REGISTRATION INFORMATION *TO BE COMPLETED BY PARENT/GARDIAN*

Campers Name: _____

Birth Date/Age: _____ Gender: ☐ Male ☐ Female

Mailing Address: _____

City: _____ State: _____ ZIP _____

If possible, camper would like to be in a cabin with: _____

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

Emergency Contact: _____

Email: _____ Cell Phone: _____

2nd Emergency Contact (REQ): _____ Phone: _____

Name of Adult picking up camper: _____

Camper must check out with camp director or designee before leaving camp

MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN

HOLD HARMLESS STATEMENT: 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.

Parent/ Guardian Signature

Date

***BY SIGNING THIS FORM, I GIVE PERMISSION FOR MY CHILD TO GO ON OFF-SITE FIELD TRIPS. I ALSO GIVE PERMISSION TO PUBLISH PHOTOGRAPHS OF CAMP ACTIVITIES THAT INCLUDE MY CHILD. ***

Amount Enclosed: _____

Cost of camp \$350 - Checks Payable to:
Northern District Jr Grange Camp

Complete if Known: Sponsoring Grange: _____

Grange Number: _____ County: _____

***A COMPLETED MEDICAL PERMISSION FORM (BELOW) CAN BE EITHER SENT WITH REGISTRAION OR WITH CHILD TO CAMP. NO CHILD WILL BE ALLOWED TO REMAIN WITHOUT A SIGNED MEDICAL PERMISSION FORM.**

Mail registration forms to:

Kathy Knott
29415 218th Place SE
Black Diamond, WA 98010
(253) 350-1807
kathyknott.wa@gmail.com

NORTHERN DISTRICT
JR GRANGE CAMP
Cornet Bay 2025
Medical Permission Form

JULY 7-12
MON-SAT

***Please mail form back with registration form, or bring it with you to registration.

MEDICAL INFORMATION *TO BE COMPLETED BY PARENT/GARDIAN*

Campers Name: _____

Birth Date/Age: _____ Gender: ☐ Male ☐ Female

Mailing Address: _____

City: _____ State: _____ ZIP _____

MEDICAL INFORMATION

Name of Insurance Company: _____

Policy Holder Name: _____ Birth Date: _____

Member ID: _____ Group: _____

Allergies: _____

Date of last Tetanus: _____ OTC Meds to avoid: _____

Health/Diet Restrictions: _____

Medications: _____

Problems we should be aware of: _____

Family DR. : _____ Phone: _____

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

Emergency Contact: _____

Email: _____ Cell Phone: _____

2nd Emergency Contact (REQ): _____ Phone: _____

Name of Parent/ Guardian: _____

Parent/ Guardian Signature

Date

***MEDICAL FORM MUST BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN. NO ONE ELSE IS TO SIGN MEDICAL FORM**