

# REGISTRATION FORM



**COMPLETE ONE (1) FORM FOR EACH CAMPER**

FDC—(9-12th Gr) July 8-14

WildSide—(6-8 Gr) July 15-21

Adventure Camp—(2-5 Gr) July 29—Aug. 3

Mail completed form and full payment (check or credit card information)

**DAYBREAK CAMP**  
**6676 Rose Acres Lane**  
**Felton, CA 95018-9447**  
 Phone inquiries: 831-335-2756  
 FAX: 831-335-2750

OFFICE USE ONLY	
Date Rec'd	Postmark
Check #	Amount:
Paid by	Processed CC (date) Auth. Code
PAID IN FULL	

Please print in **Black Ink ONLY**

Camper's Last Name	First
Address	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Birth date
City	State Zip
Home Phone ( )	Home Church
<b>IMPORTANT:</b> All correspondence will be done by parent email—We <b>MUST</b> have a parent email address-legible-able to read easily.	
Camper's Email	Parent's Email
Last School Grade completed by June 2011 ( <i>Circle</i> )	2 3 4 5 6 7 8 9 10 11 12
T-Shirt Size ( <i>Circle</i> )	CHILD Medium or Large ADULT Small Medium Large XLarge XXL
<b>ADVENTURE CAMP ONLY!!</b> My 1 (ONE) bunk mate choice for Adventure Camp would be _____	
<b>PHOTOGRAPHY:</b> Daybreak Camp routinely uses photos and video taken from events for print, web and video applications. Your signed registration constitutes permission given to Daybreak Camp for such purposes.	
Parents/Guardians Names	
Father's Work Phone ( )	Father's Cell Phone ( )
Mother's Work Phone ( )	Mother's Cell Phone ( )
<b>1. Emergency Contact Name (<i>Other than parents</i>)</b>	
Phone ( )	Relationship
<b>2. Emergency Contact Name (<i>Other than parents</i>)</b>	
Phone ( )	Relationship
<b>Only fully completed registrations signed by the campers and parent/guardian can be accepted. Registration fees must accompany form to secure a space. All cancellations are subject to a \$20.00 charge. There will be a \$15.00 fee for bank returned checks.</b>	
REGISTRATION DEADLINE IS June 15, 2012. Only space available will be filled after that date. NO REFUNDS AFTER June 15, 2012.	

REGISTRATION FEE—IF PAYING BY CHECK—MAKE CHECK PAYABLE TO DAYBREAK CAMP				
CAMP	CAMP DATES	EARLY BIRD Before 5/15	REGULAR After 5/15	Late After 6/15
<input type="checkbox"/> FDC	July 8-14	\$280	\$305	\$330
<input type="checkbox"/> WildSide	July 15-21	\$280	\$305	\$330
<input type="checkbox"/> Adventure Camp	July 29—August 3	\$250	\$275	\$285 after 6/30

Please consider donating to Our Campership fund and help a child who wouldn't otherwise be able to come to camp.

\$5  \$10  \$25

Other \_\_\_\_\_

➔➔ FOR CREDIT CARD USE ONLY ➔➔

Card # _____	Exp. Date: _____		
Name as it appears on card	Signature		

# MEDICAL INFORMATION

Camper's Name _____		<input type="checkbox"/> M <input type="checkbox"/> F	Birth Date _____
Does your child have asthma? <input type="checkbox"/> YES <input type="checkbox"/> NO   Explain condition _____			
Allergies: <input type="checkbox"/> Hay Fever <input type="checkbox"/> Poison Oak <input type="checkbox"/> Insect Bites <input type="checkbox"/> Bee Stings <input type="checkbox"/> Other _____ <input type="checkbox"/> Penicillin/Other Medications _____   Reactions _____			
Food Allergies: <input type="checkbox"/> Dairy <input type="checkbox"/> Food/Kind _____ <input type="checkbox"/> Other _____			
Is your child able to participate in normal physical activities? <input type="checkbox"/> YES <input type="checkbox"/> NO   Explain Please tell us about your child's behavior or any ongoing chronic conditions.			
Are there any over the counter medications your child <b>SHOULD NOT</b> take? (ie: aspirin, Tylenol, Benadryl, Advil, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO   Explain _____			
Describe any health conditions (significant behavior issues, special needs, etc) requiring medications, treatment or special restrictions or considerations while at camp.			
Insurance Health Carrier _____		Physician Name _____	
Policy # _____		Physician Phone _____	

Does camper take any medications daily? (*Circle*)   YES   NO   If YES, complete the table on the left below.  
**NOTE: All medications MUST be checked-in with the nurse at registration All medications MUST be in the original dosage container.  
Any Over The Counter medications submitted MUST have specific written dispensing signed instructions from the parents/guardian or physician.**

Health Information Signature of Parent/Guardian _____	Date _____
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MEDICATION	TIMES TAKEN & DOSAGE	REASON TAKEN	IMMUNIZATION RECORD-MOST RECENT DATES	
			Tetanus (DTP)	
			MMR	
			Hib (Haemophilus influenzae)	
			Hepatitis B	
			Polio	

## AGREEMENT WITH CAMPER

I apply for admission to one of Daybreak Camp's summer weeks. As a condition of acceptance, I acknowledge this is a Christian Bible camp and I agree to follow the camp rules. I agree to attend and actively participate in all activities.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

## AGREEMENT WITH PARENT or GUARDIAN

*Disclosure:* Camp and the challenge course involves a variety of activities including warm-ups, games, group initiative problems, low high challenge course elements, and other rigorous physical adventure activities. The level of participation in the ropes course is entirely voluntary at all times. Safety measures have been designed into the program (highly trained staff, state of the art equipment, and strict safety standards) to safeguard all participants against possible injury. As with any program of this type, there is a risk which must be assumed by each participant. Your signature also allows your child to sleep on any upper bunk.

In consideration of the acceptance of this applicant, I, the undersigned parent or guardian, consent to the applicant's participation in camp. I affirm my child's health is good, and that he/she is not under a physician's care for any undisclosed condition that might endanger his/her health or that of other participants.

I recognize the inherent risk of injury or disability and understand that each participant must assume the risk of physical injury that could result from any camp, challenge course and off-site activity. I hereby give my permission for my child to participate in off-site activities and to hold Daybreak Camp, its employees and volunteers harmless for injury and illness not resulting from Daybreak Camps' negligence. Further, authorization is given in advance for any adult camp staff member to consent to any medical or surgical diagnosis, treatment, and/or hospitalization which is deemed necessary for the duration of camp. I also agree to be financially responsible for all said treatment.

I acknowledge Daybreak Camp is not responsible for campers during transit to and from camp, nor after the camp concludes. I hereby release the camp staff, and Daybreak Camp from liability with this applicant's participation at camp. I understand that I will be required to pick my child up if he/she does not abide by the camp rules. I have read and understand this agreement

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