**SAUK RIVER CHRISTIAN TEEN CAMP 202**5

July 20thth – July 26th

Grades 7th - graduation

(Camp is determined by grade going into in the fall.)

Directors Hudson Hawk ( Hudson.f.hawk@gmail.com

Amanda Shumway (afthannisch@hotmail.com)

**Theme: Revival**

**Camp Fee & Registration:** $165.00 before July 7th. $190.00 after July 6th (\**Fee includes daily canteen) allowance.*

 Please fill out the form below. Keep this page for your information.

 Make checks payable to: **Sauk River Christian Camp**.

**MAIL TO:** Northwest Christian Camps Inc.

 P.O. Box 191

 Mountlake Terrace, WA 98043-0191

Arrival time between 2:00-4:00 pm… Departure time 10:00 -11:00am.

**Please sign below that you have read, understood and agreed to**

Camp Rules and Regulations

1. All medication must be turned into camp nurse.

2. The possession or use of vaping devices, cigarettes, alcohol, illicit drugs or any other controlled substance is prohibited. Fire arms, knives or fireworks are prohibited. Violations of this rule can result in immediate expulsion from camp.

3. 1 Cor. 14: 40 All things must be done in decently and in order. Please keep the camp facilities clean and treat it with

 care and respect.

4. If you bring your phones, we will put them in a baggy and store them till the end of camp with the Director.

5. If you are not staff and you drive to camp, keys must be turned in to designated staff. No vehicle should be operated or parked on the recreation field at any time.

6. The pump house and stream, around and above the supply intake, are off limits.

7. Psalms 19:14 Let the words of my mouth and the meditation of my heart be acceptable in your sight O Lord, My strength and my Redeemer. Also, excessive noise, rowdiness, and disrespect for others will not be tolerated.

8. Modest and decent clothing will be worn at all times. Sleeveless shirts must be 3 fingers wide at shoulder. No stomach or back showing. No low cut neck lines. Shorts must measure at least 3 inches in the inseam. No undergarments showing at any time. Camp director will be the final judge as to the appropriateness of clothing.

9. Campers are not to leave the open area of the camp grounds, with or without counselors without the express permission of the camp director.

10. All campers are to participate in scheduled camp events and to share in assigned duties.

11. The girls' cabin area is off limits to boys and the boys' cabin area is off limits to girls.

These rules are meant to contribute to the safety and well-being of everyone at Sauk River Christian Camp. They are also meant to aid our efforts to provide a Christian camp atmosphere. Anyone who persists in disobeying the rules will be counseled, assigned extra duties, and finally, if all else fails, sent home.

Sauk River Christian Camp Registration Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Male/Female: M F

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

Grade entering in the fall \_\_\_\_\_ Campers Email: (print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Ph: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents Email: (print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Conduct Agreement:** Please carefully read the rules on page 1. Both camper and parent/guardian must sign below to signify that you understand and agree to follow them.

Camper: Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Publicity Agreement:** By your signature below, you give Sauk River Christian Camp permission to utilize camp photos that may contain your child for publicity materials (no names will be used).

Parent/Guardian: Date:

Permission to take camper off site if we can go on a hike Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

**Immunizations up to date**: Yes No **Medical Issues**: (please list below)

Date of last Tetanus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Measles (one shot): Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Had Chicken Pox: *Yes No*  Asthma: \_\_\_\_\_\_\_ Inhaler: \_\_\_\_\_\_\_

**Allergies:** *(please list details)*

Hay fever: \_\_\_\_\_\_\_\_ Bee Stings \_\_\_\_\_\_\_\_ Medication allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Instructions or Restrictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications**: *(please list)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for my child to receive required medical treatment from a qualified physician.

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

Insurance Name: Policy #: