2025 SAUK RIVER CHRISTIAN CAMP

**Pre-Teen Camp**

August 6th-10th

Grades 3th – 6th

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

**Director: Landin Fussman**

**Theme: TBA**

**Camp Fee & Registration:** $135.00 before July 23nd $165 after July 23nd

\**Fee includes daily canteen allowance.*

Please fill out the form below. Registration must be complete to reserve a place.

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 3:30-4:30 pm… **Departure time** 2:00pm

Directions on the website Saukcamp.com

Please read and sign on page 2 that you have read, understand and agreed to

**Camp Rules and Regulations**

1. All medication must be turned into camp nurse.

2. The use or possession of fire arms, fireworks, alcohol, tobacco, illicit drugs or any other controlled substance is prohibited. Violation of this rule will result in immediate expulsion from camp.

3. Please keep the camp facilities clean and treat it with care and respect.

4. Phones or Electronic devices are only allowed with approval of Director or Staff. If used without approval, they will be subject to confiscation for the duration of the camp.

5. No vehicles may be operated during the camp except by approval of the director. 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. Profanity is prohibited. 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 be at fingertip length. The 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.

Keep this for your information.

# REGISTRATION FORM

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

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

Grade entering in the fall \_\_\_\_\_ Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency contact not living with you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph:\_\_\_\_\_\_\_\_\_\_\_

E-mail: (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

**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:

**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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: *(please list details)*

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

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

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

Insurance Name: Policy #: