**2020 SAUK RIVER CHRISTIAN CAMP**

Teen Camp

July 19thth – July 25th

Grades 7th - graduation

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

Director: Jay Keith

E-mail: Jayhkeith@hotmail.com

Phone: 409-293-7076

**Theme: Thrive**

**Camp Fee & Registration:** $150.00

 \**Fee includes daily canteen allowance.*

 Please fill out the form below. The registration must be complete to reserve a place. The first 30-35 Guaranteed. Additional campers depending on Phase approved by Governor due to Covid 19.

 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 am. (Plan on staying a bit to enjoy a short video)

**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 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 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.

Sauk River Christian Camp Registration Form

 Do you want a shirt?\_\_\_\_ If Yes Size \_\_\_\_\_\_

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:

**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 #: