

CAMP LIVING WATERS
A Christian Youth Summer Camp Program

Registration Form:

Name _____ Age _____
Male _____ Female _____ Grade Entering In Fall _____ Date of Birth _____

Swimming Skills __outstanding __good __fair __poor T-Shirt Size (adult sizes)
Athletic Skills __outstanding __good __fair __poor XXL __ XL __ L __
Reading Skills __outstanding __good __fair __poor Med __ Sm __

Favorite Outdoor games/sports _____
Favorite Indoor games/sports _____
Hobbies/Special Interests _____

Do you attend a Church __ Regularly __ Monthly __ A few times a year __ not attending
Do you attend a Youth Group Church __ Regularly __ Occasionally __ not attending
Name of Church: _____ Name of Youth Group: _____
Are you a vegetarian? __Yes __No / Any Food Allergies? _____

Emergency Information

Emergency Contact Person: _____ Relationship: _____
Tel. No. _____ Family Doctor _____ Tel. No. _____
Medical Ins. Provider _____ Group I.D. No. _____
Med. Ins. Provider address & Tel. _____
ALLERGIC TO ANY MEDICATION _____
OTHER ALLERGIES _____
OTHER MEDICAL CONCERS _____
MEDICATION CURRENTLY TAKING _____
DATE OF LAST TETANUS SHOT _____ LAST PHYSICAL _____
Name of parents/legal guardian _____
Home telephone _____ Work telephone _____
Mailing Address _____ E-mail add. _____

**** Youth age 14 & older are offered the opportunity to go rafting on the Trinity River, on the Saturday following the last day of camp. There is an **additional \$15 fee** for the rafting, and you **MUST** have a parent/**

Legal guardian or a PRE-CAMP designated adult IN CAMP with you the night before the rafting trip.

Rafters leave around 7am on Saturday morning and return to camp around 3pm Saturday afternoon

Would you be interested in going on the rafting trip? __ Yes __ No

Camp begins at **6pm Sunday, July 20th. Campers should arrive in camp no later than 6:45**

***** Please DO NOT ARRIVE in camp before 5:45 - staff will be eating their dinner! *****

Camp ends at **3pm Friday, July 25th. Campers should be picked up No Later than 3:45**

Camper Fees: **\$160 if paid in full before June 1st. **\$185** if paid in full after June 1st.**

A Non-refundable deposit of \$50 MUST ACCOMPANY the Registration Form

All checks should be made out to C.L.W. & mailed to:

C.L.W. 1675 Chester Avenue, Arcata, CA 95521

For more information call 707- 822-4102

SEE SECOND PAGE..

Youth attending Camp Living Waters are expected to adhere to the following guidelines at all times: NO alcoholic beverages, controlled substances/illegal drugs permitted - EVER

No tobacco products of any kind are permitted - EVER

No weapons of any kind permitted (including pocket knives) - EVER

ALL prescription medication MUST be given to the Camp Nurse upon arrival in camp.

Female campers are NEVER permitted inside a Male tent..... and

Male campers are NEVER permitted inside a Female tent

Inappropriate discussion and/or language is NOT tolerated

ONLY respectable, kind, & loving behavior are allowed in this camp

There will NEVER be any fighting, name calling, or inappropriate remarks made

Camp rules and Water Front rules are to be followed at all times

CAMPERS WILL NEVER LEAVE THE SIGHT OF THEIR COUNSELOR...

WITHOUT PRIOR APPROVAL BY THEIR COUNSELOR.

CAMPERS WILL ALWAYS RESPECT THE COUNSELORS & STAFF at C.L.W.

Campers/Counselors WILL NOT bring radios, C.D. Players, game boys, etc. to camp!

**** ANYONE found to be in possession of a weapon, under the influence of alcohol, a non-prescribed controlled substance, or any illegal drug will IMMEDIATELY be directed to leave camp. PARENTS will be responsible for picking their youth up should they be directed to leave camp for the above reasons.**

I _____ have read & understand the above mentioned guidelines and agree to abide by them. I understand the special note regarding weapons, alcohol, controlled substances/drugs.

Signature of Camper and Date

I have read all the guidelines for Camp Living Waters and I am granting permission for my son / daughter _____ to attend. I also understand that in the event I should be contacted by the Camp Staff regarding my son/daughter being found to be in possession of a weapon, alcohol, a non-Prescribed controlled substance or illegal drugs I will be immediately notified and agree to pick them up.

I also give permission for the Adult Staff at Camp Living Waters to provide first aid to my son/daughter, and in the case of an emergency authorize them to grant medical treatment by a Licensed Medical Doctor with the understanding that I will be contacted as soon as possible and notified of the event. A campers checklist will be mailed to each camper beginning July 1st.

Signature of Parent / Legal Guardian and Date

PLEASE complete the registration form in full. Mail it, along with the appropriate camp fee and / or non-refundable \$50 deposit as soon as you can. It is terribly difficult to prepare our program and purchase our supplies & equipment until we know the number of campers to expect. Campers are reserved a spot in camp based upon a first come, first served basis.

REGISTRATION DEADLINE IS: JULY 12TH

NO CAMPERS WILL BE ACCEPTED AFTER THIS DATE