



MATH CAMP Student Registration Form

Name _____ Male Female Grade _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

Father's Name _____ Martial Status _____

Address _____

Occupation _____ Work/Cell Phone _____

Mother's Name _____ Martial Status _____

Address _____

Occupation _____ Work/Cell Phone _____

Legal Guardian's Name _____

Address _____

Occupation _____ Work/Cell Phone _____

Emergency Contact _____ Phone _____

Adults Authorized to pick student up

1. _____ 2. _____ 3. _____

Student's Medical Information **Immunizations up to date? Yes No**

List any miscellaneous information: (i.e., medications, allergies, physical limitations, dietary concerns)

Family Doctor _____ Phone _____

School _____ School Phone _____

Activity Disclosure and Release for Participation in Camp MiVoden's Program – Upper Columbia Conference of SDA

Camp MiVoden has done everything reasonable to assure that our camp program (including Challenge Course, Rock Climbing, and Horsemanship) has been made as safe as possible. However, we wish to inform you that camp activities are not without risk. As in any camp activity, such as challenge course, zip line, rock climbing, or horsemanship, inherent risks exist and may result in serious injury or death. Your camper should only participate after you have read the description of all the activities in the camp brochure and/or other camp materials. Please note, challenge course, zip line, rock climbing and horsemanship are not required activities. Should you not want your camper to participate in any of these specific programs, please exclude them in writing on a separate sheet of paper and attach it to the application when mailing it in. Phone calls are not acceptable for exclusion. If you have any questions, please call — (509) 838-2761 (ask for information about MiVoden) or during the summer call (208) 772-3484.

Date _____ Parent/Guardian signature _____

Emergency Treatment Authorization

In case of emergency, I hereby give permission to the physician(s) selected by the camp directors to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. As parent or legal guardian of the applicant, I am in favor of him/her attending camp, and accept the conditions named. The health history and application information are correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted. In addition, I have read and understand this **EMERGENCY TREATMENT AUTHORIZATION** statement and give my full consent to the terms found therein. (This form may be photocopied for use out of camp.)

Date _____ Parent/Guardian signature _____

Contract of Release & Assumption of Risk Agreement

By signing below I acknowledge I have read the above two statements and consent to their conditions. I realize camp activities have inherent risks. I knowingly accept and assume this risk, and agree to release Camp MiVoden, its employees and the Upper Columbia Conference of SDA, and its parent organizations for liability in case of accident or illness. I also agree that photographs and video of the applicant may be used for camp promotional material. I also agree to abide by ALL camp regulations and policies and to uphold its objectives.

Date _____ Parent/Guardian signature _____

Consent to Photograph

I give the staff and Quizmo permission to film my child for education and promotional purposes.

Date _____ Parent/Guardian signature _____

Math Camp Date: April 6-10, 2009 Circle One **Day Camp \$115 Overnight Camp\$ 185.00**
Upper Columbia Conference, PO Box 19039, Spokane, WA 99219 Phone (509) 838-2761 Fax (509) 838-4552