



2010 Math Camp Registration

Student's Name _____ circle one **Male** **Female** Grade ____ Age ____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ E-Mail Address _____

Father's Name* _____ Parent or Guardian circle one

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work/Cell Phone _____

E-Mail Address _____ Occupation _____

Mother's Name* _____ Parent or Guardian circle one

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work/Cell Phone _____

E-Mail Address _____ Occupation _____

Emergency Contact _____ Phone _____

Relationship to Camper _____ Alternate Phone _____

Adults Authorized to Pick Student Up From Camp

1. _____ 2. _____ 3. _____

Math Camp Dates: April 5-9, 2010

check the one that applies to your child

_____ Day Camp (no meals or lodging) \$120

_____ Overnight Camp (includes meals and lodging) \$190

Please send completed application form and payment to: Math Camp – Camp MiVoden
P.O. Box 19039
Spokane, WA 99219 509-838-4882 fax

Feel free to call 509-838-2761 or email denisek@uccsda.org if you have any questions.

*Or legal guardian

Don't forget to complete back!!

Student's Medical History

Date of last: Polio _____ MMR _____ Tetanus _____

Current and Past Medical Treatment including Physical/Mental/Psychological Limitations or Treatments

List any miscellaneous information (i.e., medications (prescribed and OTC), allergies, dietary needs/restrictions)

Family Doctor _____ Phone Number _____

School Attending _____ School Phone _____

Health Insurance _____

Group Number _____ Policy Number _____

Activity Disclosure and Release for Participation in Program

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 MiVoden/Quizmo promotional/educational material. I also agree to abide by ALL camp regulations and policies and to uphold its objectives.

Date _____ Parent/Guardian signature _____