



# GHORMLEY MEADOW

640 LOST LAKE RD  
NACHES, WA 98937

PHONE: 509-672-4311

FAX: 877-864-1655

EMAIL: OFFICE@GHORMLEYMEADOW.ORG

**Parent(s)/Guardian(s):** Please follow the instructions below. You may call or email our office with any questions.

1. Complete both sides of this form and make a copy for your own records.
2. Mail, fax, or email this form to camp at least 2 weeks prior to camp.
3. Pay the \$50 deposit, or pay in full. Mail a check or call to pay by phone.
4. Call or email us with any changes or additional information.

## CAMPER INFO

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_ Session Name: \_\_\_\_\_  
Month/Day Month/Day

Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Grade in Fall 2019: \_\_\_\_\_  
Month/Day/Year

Church: \_\_\_\_\_ Church City: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
YS YM YL S M L XL XXL

School: \_\_\_\_\_ School City: \_\_\_\_\_

Cabin Mate Requests\* (with / not with): 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_  
\*must be within one grade level of your camper

First Time Camper?  Yes  No Invited by: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## PRIMARY CONTACT INFO (all communication will be with the contact(s) listed below)

Parent/Guardian Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address

City State Zip Code Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

\*Star preferred contact phone.

## Emergency Contact in the event the Primary Contact cannot be reached (different contact than the contact(s) listed above):

Name(s): \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

## Who do you authorize to pick your child up from camp (list all, including parents/guardians)?

Name(s): \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

## PERMISSIONS

Please provide parent initials below for consent.

\_\_\_\_\_ I give my permission for GMCC to use any photos or videos of my child at camp for promotional purposes such as brochures, web pages, videos, etc.

\_\_\_\_\_ I give permission to GMCC to transport my child in a vehicle and/or boat, with the understanding that the vehicle/vessel will be driven by a qualified Ghormley staff member for the purpose of off-site camp activities, which includes nearby activity locations (i.e. Rimrock Lake).

## JURISDICTION AGREEMENT

Both the parents/guardians of the camper named on this registration, and Ghormley Meadow Christian Camp, agree that any dispute by and between the parties arising out of or related to activities during the applicable camp session, shall be resolved in binding arbitration to be held in Yakima County, WA, USA. The parties shall agree upon a single Arbitrator. If they are unable to agree, an Arbitrator shall be designated by the presiding Judge of the Yakima County Superior Court. The cost of the arbitration shall be paid equally by the parties. Any and all disputes shall be resolved in accordance with the applicable laws of the State of Washington.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR HEALTH CARE

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

# HEALTH HISTORY FORM

\*ATTACH ADDITIONAL PAPERWORK IF NECESSARY

Camper Name: \_\_\_\_\_  
First Middle Last

**Allergies:**  No known allergies  
This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other  
**Please describe below what the camper is allergic to and the reaction seen.**

**Nutrition Needs:**  This camper has no dietary restrictions.  
This camper has the following nutrition needs (**Please describe**):  
 Non-celiac gluten free  Nut free  Vegetarian  Egg free  Dairy free  Vegan  Other (specify):

**Restrictions:**  I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.  
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (**Please describe below.**)

**Health History: Please explain "Yes" answers below.**

- Has/does the camper:
1. Had seizures? .....  Yes  No
  2. Have a history of bedwetting? .....  Yes  No
  3. Have Autism Spectrum Disorder? .....  Yes  No
  4. Have ADD or AD/HD? .....  Yes  No
  5. Ever had an emotional or behavioral difficulties/disorder? .....  Yes  No
  6. Had a significant life event that continues to affect them? .....  Yes  No
  7. Have any other health issues (physical, behavioral, etc.)? .....  Yes  No
  8. Have recently or is currently struggling with an eating disorder?  Yes  No

**Does your camper have Diabetes?**

Yes  No  
If yes, what type? \_\_\_\_\_  
(Note: If your child is diabetic, please contact us before completing your registration process.)

**The staff at Ghormley Meadow desire to meet each child's physical, mental, emotional, social, and spiritual needs. Please further describe below how we might be of assistance in meeting your child's unique needs:**

We will automatically notify parents/guardians of certain situations involving their camper's illness or injury. For a list of these situations, please visit the "Camper Health and Safety" website page.

**Please indicate additional items you wish to be contacted about while your child is at camp:**

**Asthmatics:**  My child does not have asthma.  
 I give my child permission to carry an Albuterol Rescue Inhaler and to self-administer.  
 I prefer the camp nurse keep my child's inhaler and to help my child determine if it is needed.

**Medications:** List **ALL** medications taken routinely. Bring it in the original packaging. The camper's name must be written on all containers. Please do not take your child off regular medicines while at camp. Attach additional paperwork if needed for more medications.

Medication 1: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Specific times to be taken each day: \_\_\_\_\_ Reason for taking: \_\_\_\_\_  
Medication 2: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Specific times to be taken each day: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

**Immunizations:** (Dates are required! By law we are required to obtain accurate records of immunizations each year. If you are unable to fill out the dates at this time, please send us the information as soon as possible. Copies of immunization forms from healthcare providers are acceptable.)

DTaP #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_  
Last Tetanus Booster \_\_\_\_\_  
Are all other immunizations up to date?  YES  NO If no, please note.

**Insurance & Health-Care Information:**

This camper is covered by health insurance  Yes  No Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of camper's primary doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name of dentist/orthodontist: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

## 2019 CAMP DATES & PRICING

SESSION	GRADE	DATES	TRUE COST OF CAMP	INTERMEDIATE RATE	DISCOUNTED RATE
<b>ON-SITE CAMPS</b>					
Junior Camp 1	4-6	June 17-21	\$380/\$365*	\$340/\$325*	\$305/\$290*
Junior Camp 2	4-6	June 23-27	\$380/\$365*	\$340/\$325*	\$305/\$290*
Middle School Camp 1	6-8	June 30-July 5	\$455/\$440*	\$410/\$395*	\$365/\$350*
High School Camp	9-13	July 7-13	\$530/\$515*	\$480/\$465*	\$425/\$410*
Primary Camp	2-4	July 14-17	\$300/\$285*	\$270/\$255*	\$240/\$225*
Family Camp	All	July 19-21	See Family Camp Pricing Online		
Junior Camp 3	4-6	July 21-25	\$380/\$365*	\$340/\$325*	\$305/\$290*
Middle School Camp 2	6-8	July 28 – August 2	\$455/\$440*	\$410/\$395*	\$365/\$350*
<b>OFF-SITE ADVENTURE CAMPS</b>					
Adventure Camp 1	6-9	June 23-28	\$530/\$515*	\$480/\$465*	\$425/\$410*
Adventure Camp 2	6-9	July 7-12	\$530/\$515*	\$480/\$465*	\$425/\$410*
Waterski Camp	8-13	July 21-25	\$530/\$515*	\$480/\$465*	\$425/\$410*
Adventure Camp 3	6-9	July 28 – August 2	\$530/\$515*	\$480/\$465*	\$425/\$410*
<b>HS LEADERSHIP PROGRAMS (Must be accepted before registering)</b>					
Shift Session 1	11-12	June 16 – July 5	\$450/\$435*	\$405/\$390*	\$360/\$345*
Overdrive Session 1	12	June 16 – July 5	\$450/\$435*	\$405/\$390*	\$360/\$345*
Shift Session 2	11-12	July 13 – August 2	\$530/\$515*	\$480/\$465*	\$425/\$410*
Overdrive Session 2	12	July 13 – August 2	\$530/\$515*	\$480/\$465*	\$425/\$410*

\* Price if registered and paid in full by April 19, 2019.

### WHY THREE PRICES?

In the past, we priced camp at a rate we thought nearly all campers could afford, *but this amount didn't cover the full cost of camp*. This year, rather than raising all camp fees to levels that fully cover camp expenses – and price camp beyond the means of many campers – we are giving you the option to pay more if you are able. For each camp session, there are three price levels. You have the opportunity to choose the one that best fits your family's ability to pay.

**True Cost of Camp:** This is the true overall cost of a camper's participation at camp. This covers operational costs, plus upkeep to the camp's facilities and equipment.

**Intermediate Rate:** This mid-range rate doesn't quite meet the true full cost of camp, but does cover the basic operational costs: food, staff wages, program supplies, utilities, insurance, etc.

**Discounted Rate:** This base price is made possible by generous donors to Ghormley. These donations help to cover the costs not covered by the discounted rate.

*If the lowest rate is most affordable to your family, please choose it. Your choice is and will remain voluntary and confidential. If you think you can help with some of the biggest expenses of operating camp, please choose a higher price.*

### PAYMENT DETAILS

\$ \_\_\_\_\_ Camp Session Fee

\$ \_\_\_\_\_ Camp Picture (\$6, ON-SITE Camps only)

\$ \_\_\_\_\_ Camp DVD (\$8, ON-SITE Camps only)

\$ \_\_\_\_\_ Spending Money (Camp Store Account & Paintball)  
(\$5-\$50 Suggested, ON-SITE Camps only)

\$ \_\_\_\_\_ Donation to Camper Scholarships

\$ \_\_\_\_\_ **TOTAL**

\$ \_\_\_\_\_ PAYMENT INCLUDED AT THIS TIME  
(\$50 minimum for Non-refundable Camp Deposit)

**Payment Plan Option:**  Yes  No

\*Pay your balance in up to 4 monthly evenly split payments. If yes, please call the office to discuss payment details. Your payment plan must be set up before camp starts.