

**WOOTEN JR GRANGE CAMP REGISTRATION FORM 2020**

REGISTRATION FORM MUST BE COMPLETED BY PARENT OR GUARDIAN\*

Print this section and send as registration with check to:

Wooten Junior Grange Camp / PO BOX 3033 / Pasco, WA 99302 /

**\*Make checks payable to: Wooten Jr Grange \***

Camper's name:

Birth date:  Age:  Male / Female:

Address: City: State: Zip:

\*We must be able to contact someone in case of emergency\*

Phone number (### - ### - ####)-

Second (emergency) number (### - ### - ####)-

Name of adult who will pick up child:

Phone: (### - ### - ####)-

Cell Phone: (### - ### - ####)-

E-mail:

Camper must check out with camp director or designee last day of camp

**\*MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN\***

Signature: \_\_\_\_\_

Date: Amount enclosed:\$

COMPLETE IF KNOWN:

Sponsoring Grange or Grange member:  Grange Number:  County:

\*By signing this form we give permission for our child to go on an off-site field trip.

We also give permission to publish photographs of camp activities that include our child in brochures, internet, newspapers and other form of advertisement.

**\*MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN\* NO CHILD WILL BE ALLOWED TO REMAIN AT CAMP WITHOUT A SIGNED PERMISSION FORM. \*Please make a copy to keep for your records!\***

We give permission to attend the 2020 Wooten Jr. Grange Camp and agree not to hold the Washington State Grange or camp staff and directors responsible for losses, injury or accidents at camp or in route to and from camp. This is to certify that the bearer of this form has the permission of the undersigned to authorize necessary emergency medical care by attending physicians or others he or she may choose in the event of accidental injury, ingestion or illness.

The undersigned accepts all financial responsibility for necessary treatment and services.

We further give the camp permission to take my child to the doctor or hospital for emergency medical treatment.

Camper's name:

Birth date:  Age:  Male / Female:

Address: City: State: Zip:

**\*WE MUST BE ABLE TO CONTACT SOMEONE IN CASE OF EMERGENCY\***

Name of adult authorizing medical treatment:

Phone number (### - ### - ####)-

Second (emergency) number (### - ### - ####)-

**MEDICAL INFORMATION**

Insurance Carrier:  Policy Number:

Date of last tetanus shot: Allergies:

Health/Diet restrictions: Medications:

Problems we should be aware of:

Family doctor:  Phone #:

The camp nurse is able to give Tylenol/Ibuprofen/Benadryl to my child if needed Yes  No

Name of parent or guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian must sign this form! No one else is to sign the permission form!