

2024 MOREHEAD JUNIOR GRANGE CAMP REGISTRATION AND MEDICAL PERMISSION FORM

When: July 6-11, 2024

WHERE: Morehead Park, 27600 Sandridge Road, Ocean Park WA

REGISTRATION AND MEDICAL PERMISSION FORM MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

REGISTRATION SECTION

Camper's Full Name _____

Birthdate: _____ Circle One: Male Female

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Phone # (_____) _____ Second Phone # (_____) _____

We must be able to contact someone in case of emergency.

Name of adult who will pick up child: _____ Relationship to Child _____

Home Telephone # (_____) _____ Cell Phone # (_____) _____

If possible, I would like to be in a cabin with _____

Sponsoring Grange or Grange Member (if known) _____

Registration Fee of \$200 (before June 20 or \$250 (after June 20) should accompany registration form. No space will be held without fees paid.

Parent/Guardian Signature _____ Date _____

Signing this registration form also give permission to publish photographs of the camp activities that include my child and for my child to go on off-site field trips.

MEDICAL PERMISSION SECTION

No child will be allowed to remain at camp without a signed medical permission form.

Name of Camper _____

Insurance Carrier _____

Policy # _____ Group # _____

Allergies _____ Date of Last Tetanus Shot _____

Health Restrictions _____

Dietary Restrictions

- Gluten Free
- Vegan
- None
- Vegetarian
- Kosher
- Other _____

Problems we should be aware of _____

Family Doctor _____ Phone (_____) _____

Parent/Guardian Signature _____ Date: _____

I/We give permission to attend Junior 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 en-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. I/We accept all financial responsibility for necessary treatment and services. I/We further give the camp permission to take my child to the doctor or hospital for emergency medical treatment.

Send registration form and fees to: Tom Gwin, Camp Director, PO Box 181, Humptulips WA 98552