



A Ministry of the West Coast District
Church of God (7th Day)
Located at 1000 Airport Rd,
Cave Junction, OR 97523
(541)592-3766

Camp Directors:

Greg & Lorie Haffner

541-935-5361

lorendahaf@earthlink.net

AND

Harold & Vona Ogren

541-689-1387

hogren@msn.com

**Check-in begins at
3:00PM July 21, 2024
DO NOT COME EARLY.**

**Facilities are not available until after
3:00PM.**

**CAMPERS MUST BE PICKED
UP BY 10:00AM SUNDAY,
July 28, 2024.**

Scan QR Code to register or use link
below:

<https://docs.google.com/forms/d/1zQPxwtXkqig9hqT2drZfbheGX3CTqlVTlyRNxJYqsuk/edit>

Completed registration form may be
emailed to lorendahaf@earthlink.net

**July 21 – 28, 2024
Ages 13-18**

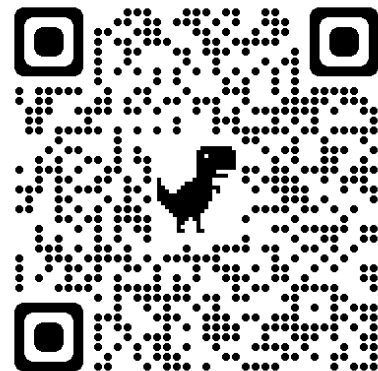
**\$325 IF REGISTERED BEFORE JUNE
30, 2024. \$375 FOR LATE
REGISTRATION**

ITEMS TO BRING

Bible-Flashlight-Pillow-Jacket-
Washcloth Toothbrush-
Toothpaste-Sleeping Bag-
Deodorant-Towels-Soap-Sunscreen-Swimsuit
(one piece
or tankini for girls)- Mosquito
Repellant

DO NOT BRING

Alcohol-Drugs-Tobacco-Vaping
device-Firearms-Knives-Fireworks
**If it is questionable,
DO NOT BRING IT!**



COST \$375.00 - Register by June 30, 2024 to receive \$50.00 off. Pay only \$325.00. No partial week attenders. Complete form in full legibly. MAKE CHECK PAYABLE TO WEST COAST DISTRICT, mail to Lorie Haffner PO Box 508, Veneta, OR 97487

Name _____ Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Home # (_____) _____ Work # (_____) _____

Sex _____ Age _____ Birthdate: m _____ d _____ yr _____ Campers e-mail _____

Living with (circle one):

Swimming information (circle one)

Parents Mother Father Guardians Beginner 1 2 3 4 5 6 7 8 9 Advanced

Baptized: Yes No Home Church _____

Circle T-Shirt Size: X-Small Small Medium Large XL XXL (Adult Sizes)

Shirt size will be guaranteed if registration is received before June 30, 2024

I agree to abide by all rules, verbal or written, set forth by the camp staff. _____
Camper Signature

PARENTAL RELEASE FORM:

In case of an emergency Parent or Guardian will be contacted first. 2nd contact in case parents are not available.

Name _____ Phone # (_____) _____

_____ **By initialing I agree that photos from youth camp may be used for promotional purposes.**
If you have questions, please contact Harold Ogren or Greg Haffner before camp.

Medical Information

1. Does your child have any chronic medical problems? Yes _____ No _____ Please list any allergies: (ei, nuts, bee sting)

2. Does your child take any medication? Yes _____ No _____ If Yes, list name of medication and condition it is for.

Insurance

The following information will be needed should treatment become necessary.

Insurance: Yes _____ No _____ If yes, please supply the following information

Name of Insurance Company _____ Group # _____

Name of person insured _____ Plan # _____

Authorization of consent to the treatment of a minor:

(I) (We), the undersigned, parent(s) or legal guardian of _____, a minor, do hereby authorize Sis-Q-Meadows Camp Staff member as an agent for the undersigned, to consent to and authorize X-Ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medical Practices Act on medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given, in advance of any specific diagnosis, treatment or hospital care being required, to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgement may deem advisable.

(I)(We) hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of said minor to the above-named agent upon the completion of treatment.

(I)(We) understand and agree that payment of any medical or dental care is (my) (our) responsibility.

Parent or Legal Guardian Date

Parent or Legal Guardian Date