



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
541-521-8065

lorendahaf@icloud.com

AND

Harold & Vona Ogren
541-689-1387

hogren@msn.com

Check-in begins at
3:00PM July 20, 2025
DO NOT COME EARLY.

Facilities are not available until after
3:00PM.

CAMPERS MUST BE PICKED
NO LATER THAN 10:00AM SUNDAY,
JULY 27, 2025.

Scan QR Code to register online

Sis-Q Meadows Youth Camp July 20 - 27, 2025 Ages 13-18

\$375.00 Registration Fee

**Register before June 30, 2025
to receive \$50.00 discount!**

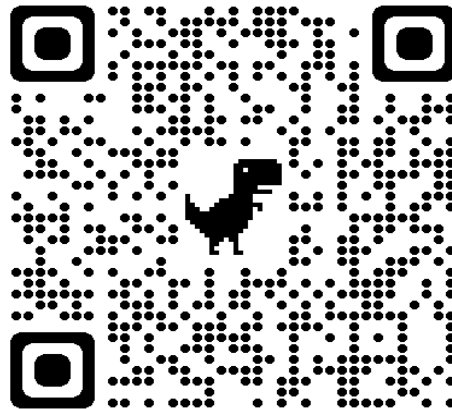
ITEMS TO BRING

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

DO NOT BRING

Alcohol-Drugs-Tobacco-Vaping
device-Firearms-Knives-Fireworks

**If it is questionable,
DO NOT BRING IT!**



Completed registration form may be emailed to lorendahaf@icloud.com

SIS-Q MEADOWS YOUTH CAMP July 20-27, 2025

COST \$375.00 - Register by June 30, 2025 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

Campers Name _____

Parent/Guardian Name _____

Street _____ City _____

State _____ Zip _____

Home Phone(_____) _____ Work Phone(_____) _____

Sex _____ Age _____ Birthdate: m _____ d _____ yr _____

Campers e-mail _____ (to receive communications after camp)

Living with (circle one): Both Parents Mother Father Guardians

Swimming information (circle one): 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, 2025

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

Camper Signature

_____ **By initialing I agree that photos from camp may be used for promotional purposes. Please contact Harold Ogren or Greg Haffner with questions before camp**

PARENTAL RELEASE FORM:

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

Name _____ Phone #(_____)_____

Medical Information

1. Does your child have any chronic medical problems or **special dietary restrictions**?
Yes_____ No_____ Please list any allergies or special dietary needs: (ie, nuts, bee sting, gluten free, dairy free, vegetarian)

2. Does your child take any medications that need to be administered at camp? Medication will be turned in to our EMT/Medical person to be administered per dosing instructions.
Yes_____ No_____ If Yes, list name of medication and condition it is for.

Insurance

The following information will be needed should treatment become necessary.

Is your child insured: Yes_____ No_____ If yes, please supply the following information

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