

# 2025 SIS-Q SEEKERS CAMP REGISTRATION FORM

Sunday, July 27<sup>th</sup> through Sunday, August 3<sup>rd</sup>

Mail Camp Fee and completed Registration Form to:

Church of God (Seventh Day)  
ATTN: Seekers Camp Directors  
P. O. Box 3819  
Salem, OR 97302

Camp Fee: \$325 or **\$275 if postmarked by July 1, 2025**

[Please make checks payable to: *Church of God (Seventh Day)*]

-- Funds in excess of Registration Fee will be credited to your Camper's Snack Store account --

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Camper lives with (circle one):

Both Parents    Father    Mother    Guardian(s)

Name(s) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency contact phone numbers (if different than above): Daytime (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

**T-Shirt Size** (check one):

- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult X-Large

[www.seekerscampers.org](http://www.seekerscampers.org)

For inquiries about Camp, please call or text Matthew (503) 983-6014  
& Johanna at (503) 983-6013

## INSURANCE INFORMATION

The Church of God (Seventh Day) carries limited insurance, but your personal insurance is preferred and may speed treatment should it become necessary.

Do you have insurance? YES  NO  If YES, Name of Insurance Company \_\_\_\_\_

**PLEASE PROVIDE A COPY OF INSURANCE  
CARD (FRONT AND BACK) FOR THE  
CAMPER NAMED ABOVE.**

Name of primary insured \_\_\_\_\_

Group Number \_\_\_\_\_

Plan Number \_\_\_\_\_

**EMERGENCY AUTHORIZATION AND LIABILITY RELEASE**

(Must be signed and in possession of Camp Directors)

I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, do hereby authorize a Sis-Q Seekers Camp Director or their designee, as an agent for the undersigned; to consent to and authorize X-ray examination, anesthetic, medical or surgical diagnosis/treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician/surgeon licensed under the provision of the Medical Practices Act on medical staff of any 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 our 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 judgment may deem advisable.

I 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 understand and agree that payment for any medical or dental care is my responsibility.

I give permission to the camp medical staff to (1) administer the camper's routine medications, 'as needed' medications, and over-the-counter medications for minor illnesses or discomfort; (2) provide appropriate first aid for minor injuries; and (3) seek further treatment from local physician or hospital if condition warrants.

The attached health history is correct so far as I know, and the child named above has my permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury in camp activities and particularly, but not limited to: swimming, boating, archery and challenge course activities. I understand that Sis-Q Seekers Camp has taken extensive safety measures and makes every effort to aid the safety of all camp participants. However, I also recognize that Sis-Q Seekers Camp cannot insure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child in the importance of knowing and abiding by the camp's rules and regulations and do release Sis-Q Seekers Camp from all liability for any injury to the camper.

I understand that transportation to and from camp (and any liability thereof) is my responsibility, and not that of Sis-Q Seekers Camp.

This completed form may be photocopied by the camp to have a second set available for transportation records and for the Sis-Q Seekers Camp office. This information may be shared with Sis-Q Seekers Camp staff that will be caring for my camper and to other outside medical personnel that cares for my camper.

X \_\_\_\_\_  
(Signature of Parent or Legal Guardian)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**WHEN WE NEED TO TALK WITH YOU**

We will certainly call in an emergency, but we'll also call if we have questions about your camper's health. If we cannot reach you at the numbers you provided on the previous sheet, please provide contact information for other people who know your camper and with whom we can consult. We assume you have spoken to the Alternate Contact and they are authorized and willing to assist should the need arise.

Alternate Contact \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

## HEALTH INFORMATION FORM

Camper's Name \_\_\_\_\_

Male

Female

Age at Camp \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Are all required school immunizations up to date? YES  NO

Date of last Tetanus shot \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### General Health History

*Check the "Yes" or "No" column for each statement.*

	YES	NO		YES	NO
1. Ever been hospitalized?			15. If female, have problems with periods/menstruation?		
2. Ever had surgery?			16. Have problem with falling asleep/sleepwalking?		
3. Have recurrent/chronic illnesses?			17. Have back/joint problems?		
4. Have a recent infection?			18. Have a history of bedwetting?		
5. Have a recent injury?			19. Have problems with diarrhea/constipation?		
6. Have asthma/wheezing/shortness of breath?			20. Have any skin problems?		
7. Have diabetes?			21. Traveled outside the country in the past 9 months?		
8. Have seizures?			22. Have convulsions?		
9. Have headaches?			23. Have a head injury?		
10. Wear glasses /contacts?			24. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?		
11. Have heart condition?			25. During the past 12 months, seen a professional to address mental/emotional health concerns?		
12. Have frequent ear infections?			26. Had a significant life event that continues to affect the camper's life (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)?		
13. Have fainting or dizziness?			27. Had mononucleosis "mono" in past 12 months?		
14. Ever passed out/chest pain during exercise?					

**Please explain "Yes" answers in the space below, noting the question number from above.**

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## Medications

\_\_\_\_\_ (Camper's Name)

- will not** take any daily medication(s) while attending Camp.  
 **will** take the following medication(s) while attending Camp:

Name of Medication	Date Started	Reason for Taking Medication	When Medication Is Given	Amount / Dose Given	How Medication Is Given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		

(List additional medications on another sheet.)

All medications, including **prescription, non-prescription and vitamins**, must come in original containers, clearly labeled with the child's name, name of the medication and direction for use. Prescribed medications must have the pharmacy label containing Rx number, the name of the medication, the dosage, directions for administration, and the camper's name. A copy of the doctor's prescription or letter may be sent to clarify any discrepancies. Children may keep certain emergency medications with them with guardian/parent approval and once the nurse determines that the child is able to self-administer (i.e., Albuterol for asthma attacks).

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- |   |                                 |
|---|---------------------------------|
| Acetaminophen (Tylenol)                                   | Antibiotic cream                |
| Ibuprofen (Advil, Motrin)                                 | Calamine lotion                 |
| Guaifenesin cough syrup (Robitussin)                      | Aloe                            |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Technu Extreme (for Poison Oak) |
| Sore throat spray/drops (Generic)                         | Hydrocortisone Cream            |
| Cough drops   | Tums                            |
|   | Gas-X                           |

## Allergic Reactions

List allergens (foods, medications, bee stings, etc.) and identify child's reaction(s) and successful treatment(s).

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