

# SANTIAM CHRISTIAN SCHOOLS SUMMER PROGRAM

## 2012- CAMP REGISTRATION FORM

**IMPORTANT:** PLEASE COMPLETE FORM AND MAIL WITH \$75 CAMP FEE TO:

**SANTIAM CHRISTIAN SCHOOLS  
c/o SCS SUMMER PROGRAM  
7220 ARNOLD AVE NE  
ADAIR VILLAGE, OREGON 97330**

\_\_\_\_\_, has the permission of his/her parent(s) \_\_\_\_\_  
(Print Student's Name) (Print Parent/Guardian's Name)

to participate in the Santiam Christian Schools Summer Program and appear in any publicity materials for the SCS summer program. Any action or conduct by the above-named student which is contrary to the direction of the SCS Summer Program Staff or conduct which the staff deems improper may, in the discretion of the Athletic Director, result in the above mentioned student being suspended or expelled from further participation in the program. If necessary, the student will be sent home.

The student and parent(s)/guardian(s) hereby authorize the SCS Summer Program staff to take any action, which reasonably appears necessary to procure medical attention, in connection with any accident or illness of the above named student when participating in this program.

In all cases where major medical attention is needed, attempts to notify the parent(s)/guardian(s) will be made prior to the treatment, unless there is an emergency requiring an immediate decision. In such an emergency, the SCS Summer Program staff is hereby authorized to make all decisions concerning emergency medical treatment, subject only to the requirement that such decisions be made in a reasonable manner.

The student and the parent(s)/guardian(s) hereby authorize the site leader to take any action, which reasonably appears necessary, including authority to make necessary signatures for the student and/or parent(s) /guardian(s) in all other cases of emergency.

**The above-named student and his/her parent(s)/guardian(s) agree to hold harmless the Santiam Christian Schools and the SCS Summer Program staff or his/her duly successor, hereafter referred to as "SCS staff", for any and all accidents, illness, injury, death, or other loss expenses or damages arising out of the entire trip and activities to, from and within the Summer program.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# SCS SUMMER PROGRAM EMERGENCY INFORMATION FORM

PLEASE PRINT CLEARLY AND UPDATE AS NECESSARY!!

## REGISTRATION INFORMATION:

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Camp: (Please  $\checkmark$ ) Morning Sessions: Week 1 Week 2 Week 3 Week 4 Week 5 Week 6

Afternoon Sessions: Week 1 Week 2 Week 3 Week 4 Week 5 Week 6

Sport: (Please Check) Basketball Football Soccer Volleyball

Grade for Fall/2012 (Please Check One): 2 3 4 5 6 7 8

How is your child going to get home?  Walk  Picked up by \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Contact's Name \_\_\_\_\_ Alternate Contact's Phone \_\_\_\_\_

## MEDICAL HISTORY:

(Circle One)

YES NO 1. Will your child need to take any medications while participating?  
**If yes, please contact the Athletic Director Anthony Baugher at 503-754-0831.**

YES NO 2. Do you have any emergency medications that need to be available to them at all times?  
If yes, please list and why? (i.e. Epi-pen for bee stings):

YES NO 3. Do you take any medications regularly? If yes, please list WHAT AND WHY?:

YES NO 4. Do you have any allergies (this includes food allergies)?  
If yes, please list and medications needed if any:

YES NO 5. Do you have any respiratory problems (i.e. asthma)? If yes, please list:

YES NO 6. Do you use medication to ease symptoms during exercise?(i.e. inhaler)  
If yes, please list:

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_