

# 2018 Ceta Canyon Camp Camper Registration Form

**For ONE WAY 7-9**

Mail to: Camp Registrar  
37201 FM 1721  
Happy, TX 79042

Phone: (806) 488-2268  
Fax: (806) 488-2594  
Email: info@cetacanyon.org



WHERE GOD IS EXPERIENCED AND LIVES ARE CHANGED.

1918-2018  
Celebrating 100 Years of Camping!

OFFICE USE ONLY	
Check #:	\$ _____ \$ _____ Amount This Camper
Check From:	_____
Check #:	\$ _____ \$ _____ Amount This Camper
Check From:	_____

Please see [www.cetacanyon.org](http://www.cetacanyon.org) for online registration information, costs, and dates

**Early Bird Registration Special:** If your registration is postmarked on or before February 23, 2018 the camper fee is \$270.00

**Early Registration:** If your registration is postmarked on or before April 16, 2018 the camper fee is \$285.00

**Registration Fee:** All registrations postmarked on or after April 16, 2018 will be charged the full fee of \$299.00

Registration forms are NOT complete unless all three (3) pages are returned. This form MUST be signed by a PARENT or GUARDIAN ONLY.

\*\*\*Please Print Legibly\*\*\*

\*\*\*Please Print Legibly\*\*\*

\*\*\*Please Print Legibly\*\*\*

Camp Registering For (circle one): One Way 7-9 (June 11-15)

Camper Name \_\_\_\_\_  
Last Middle Initial First Goes By

Home Address \_\_\_\_\_  
Street or PO Box Number City State Zip

Home Phone # ( \_\_\_\_\_ ) Cell # ( \_\_\_\_\_ ) Camper Email \_\_\_\_\_

Gender--circle one: M / F Grade Fall 2018 \_\_\_\_\_ Age at Camp \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian (1) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
Street or PO Box Number City State Zip

Home Phone# ( \_\_\_\_\_ ) Work Phone# ( \_\_\_\_\_ ) Cell Phone#( \_\_\_\_\_ )

Parent/Guardian (2) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
Street or PO Box Number (If different than Parent 1) City State Zip

Home Phone# ( \_\_\_\_\_ ) Work Phone# ( \_\_\_\_\_ ) Cell Phone#( \_\_\_\_\_ )

Alternate Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # ( \_\_\_\_\_ )

Home Church \_\_\_\_\_ City \_\_\_\_\_ Phone# ( \_\_\_\_\_ )

Who will pick up camper after camp? \_\_\_\_\_

Roommate Preference (1 only please) \_\_\_\_\_

(Roommate preference not guaranteed. Roommate preference not available for campers registered onsite.)

Camp Activities at Ceta Canyon Camp may include but are not limited to: swimming, hiking in a rugged canyon setting, sports, water recreation, group games, Ropes Course and Climbing Wall activities. I do hereby assume all risk of the above and any other ordinary risk incidental to the camp setting and will hold the NWTX Conference, Ceta Canyon Camp and their Trustees, employees and agents harmless from any and all liability. I hereby grant permission to Ceta Canyon Camp & Retreat Center to use photos of the above named camper, taken during activities at camp, for publicity purposes, in advertising materials, or on the camp's web site.

Custodial Parent/Guardian's Signature \_\_\_\_\_

**CANCELLATION POLICY:** All camp fees include a non-refundable registration fee. A \$10 handling fee will be applied to all cancellations. Ten days from the first day of camp, the cancellation fee is half of the registration fee. Cancellations within 5 days of the start of camp WILL LOSE their full registration fee. All cancellations MUST CONTACT the Camp Registrar IN WRITING. \*\*If interested in donating a Scholarship for a Camper, contact the NWTX Conference Office 1-806-762-0201.

# Camper Medical Form

**\*\*This Form Must Be Filled Out to the Best of Your Knowledge\*\***

(A Copy of a School Shot Record is Acceptable)

**Please Be Sure to Sign this Form**

Camper Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

Circle Camp(s) Registering For: **OW 7-9**

\*\* The following information is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival at camp. **Everything must be completely filled out or everything will be returned.** \*\*

**Immunization History: Please record the date (month/year) of basic immunizations and most recent boosters.**

Vaccines	Year of Basic Immunization	Year of Last Booster
Hep B – hepatitis B		
DTP – diphtheria, tetanus, and pertussis (or)		
DTaP – diphtheria, tetanus, and acellular pertussis (or)		
DT – diphtheria and tetanus (or)		
Td – tetanus and diphtheria		
Hib – Haemophilus influenzae type b		
PCV – pneumococcal conjugate virus		
OPV – oral poliovirus (or)		
IPV – inactivated poliovirus		
MMR – measles, mumps, and rubella		
Varicella – chickenpox		
TB Test – tuberculin test		
PPV – pneumococcal polysaccharide virus		
Influenza		
Other		

**Health History: Please give approximate date (month/year) where applicable**

Health Problems	Diseases	Allergies- please list all
Frequent Ear Infections	Chickenpox	Hay Fever
Heart Defect/Diseases	Measles	Ivy Poisoning, etc.
Convulsions	German Measles	Insect Sting
Diabetes	Mumps	Penicillin
Bleeding/Clotting Disorders	Other	Other Drugs
Hypertension		Asthma
		Food Allergies
		Other Allergies

Does your child have asthma? \_\_\_\_\_ Yes \_\_\_\_\_ No

Operations or serious injuries, include dates \_\_\_\_\_

Chronic or recurring illness or medical condition \_\_\_\_\_

Dietary restrictions or special requests \_\_\_\_\_

Activities to be encouraged or limited \_\_\_\_\_

Current medications: **PLEASE COMPLETE THE ATTACHED FORM**

Suggestions on health related information for camp personnel - short attention span, etc.

*For Females:* Has this person begun menstruation? \_\_\_\_\_ Yes \_\_\_\_\_ No      If not, has she been told about it? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, is her menstrual history normal? \_\_\_\_\_ Yes \_\_\_\_\_ No      Special consideration? \_\_\_\_\_

**To The Best of My Knowledge (Camper's Name)** \_\_\_\_\_ is in good health and is able to participate in all camp activities with the limitation listed above. In the event of an emergency and I am unable to be reached, I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency medical facility. **I understand that should the medical history change, it is my responsibility to let the camp director know at camp registration.**

**Custodial Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*How did you hear about us? Please check one\** Church \_\_\_ Radio \_\_\_ Postcard \_\_\_ On-line Search \_\_\_ Other \_\_\_\_\_

**Insurance Information: Please send a copy of your insurance Identification card (Front & Back) along with registration.**

**Please Note:** Camper's insurance coverage, through the camps, is provided as a "secondary" or "back-up" coverage on a limited basis to any other coverage the camper has under separate, private, or group plans.

Medical Insurance Company \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Insurance Address & Phone # \_\_\_\_\_

Family Physician Name & Phone # \_\_\_\_\_

# Camper Medication Information

Name of Camper (as Shown on Prescription Container):

---

## Name of Medication and Dosage Information:

**Note:** All prescription medication must be in their original container with names and dosage clearly marked on the container. If current prescription is different from the container, then a doctor's note must accompany the medication when it is turned into the camp nurse.

Please Fill out the Form Below

Medication	Dosage	Time	Special Instructions

---

Ceta Canyon receives grants from various foundations to improve programs and facilities of the camp. Many request demographic information, including ethnicity\*. Please select from the following:

- Caucasian
- Hispanic
- African American
- Other (Native American, Asian, etc.)

*\*Note:* NO personal information is disclosed.