

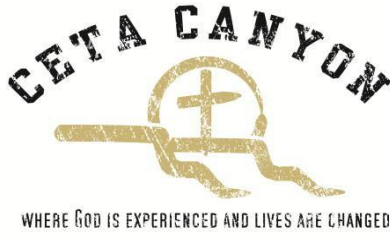
2017 Lil' Ceta Camp

For Grades 2nd-3rd

Sponsored by Ceta Canyon Camp and Retreat Center

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

Phone: 806-488-2268
Toll Free: 800-593-1992
Web Site: www.cetacanyon.org
E-Mail: info@cetacanyon.org



OFFICE USE ONLY

Check #:	_____	\$	_____	\$	_____
			Amount		This Camper
Check From:	_____				
Check #:	_____	\$	_____	\$	_____
			Amount		This Camper
Check From:	_____				

Early Bird Registration Special: If your registration is postmarked on or before **February 1, 2017** the camper fee is \$148.00

Early Registration: If your registration is postmarked on or before **April 15, 2017** the camper fee is \$158.00

Registration Fee: All registrations **postmarked on or after April 16, 2017** will be charged the full fee of \$168.00

Please see www.cetacanyon.org for online registration information, costs, and dates

The signed Medical Form and registration fee must accompany the Registration Form, or registration is *not complete*.

Camp Registering For (circle one):

Lil' Ceta Camp #1
May 31 - June 2, 2017

Lil' Ceta Camp #2
July 12-14, 2017

Lil' Ceta Camp #3
July 31-Aug. 2, 2017

Camper Name _____

Home Address _____
Last Middle Initial First Goes By

Street or Box Number City State Zip

Gender(circle one) **M** **F** Grade Fall 2017 _____ Birthdate: _____ Age at Camp: _____

Home Church _____ Phone# (_____) _____

Church Address _____

Street or Box Number City State Zip

Pastor's Name _____ Pastor's Signature _____

Please print

Custodial Parent/Guardian 1: _____

Address (If different than above): _____

Street/Box Number City State Zip

Home: () _____

Cell: () _____

Work: () _____

Custodial Parent/Guardian 2: _____

Address (If different than above): _____

Street/Box Number City State Zip

Home: () _____

Cell: () _____

Work: () _____

Who will pick up camper after camp? _____
Relation

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 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 _____

Camper Medical Form

Please Be Sure to Sign this Form

Camper Name: _____ Birthdate: _____

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 in camp.

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

(A Copy of a School Shot Record is Acceptable)

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 (mo/yr) 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? **Y** **N**
 Operations or serious injuries, include dates _____
 Chronic or recurring illness or medical condition _____
 Dietary restrictions or special requests _____
 Activities to be encouraged or limited (swimming, diving, etc.) _____
 Current medications: PLEASE COMPLETE THE ATTACHED FORM
 Suggestions on health related information for camp personnel (short attention span, bed wetting, etc.) _____

To the best of my knowledge (child's name) _____ is in good health and is able to participate in all camp activities with the limitations above. In the event of an emergency and I am unable to be reached, I hereby give my permission for whatever emergency medical procedure might need to be performed by staff, first aid personnel, and/or by a 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:** _____

EMERGENCY CONTACT: _____ **Relation:** _____

Phone number: _____

Insurance Information:

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 camper has under separate, private, or group plans.

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

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

For grant information please let us know ethnicity below.