

**COMMUNITY OF CHRIST – PACIFIC SOUTHWEST INTERNATIONAL MISSION CENTER**

**2018 PSIMC REUNION REGISTRATION**

July 7 – 13, 2018 – Buckhorn Camp

**SEND FORM AND PAYMENT TO:** Community of Christ, Attn: Reunion, PO Box 1330, Simi Valley, CA 93062

**EMAIL:** registration@CofChrist-psi.org

**PHONE:** 805-577-5907

**FAX:** 805-577-5937

**PLEASE PRINT CLEARLY**

**FAMILY INFORMATION**

Family Name(s) \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Congregation \_\_\_\_\_

**CAMPERS**

NAME	AGE	GRADE	CHECK ALL DAYS OF ATTENDANCE							TOP BUNK OK?
			SAT	SUN	MON	TUE	WED	THU	FRI	

**Are you sponsoring a minor child for whom you are not the parent or legal guardian?**      Yes      No

*Anyone under the age of 21 must have an adult sponsor on the campgrounds and are required to be housed with their sponsor. Sponsors are responsible for youth at all times while at reunion.*

**HOUSING – INDICATE 1<sup>ST</sup> AND 2<sup>ND</sup> CHOICE** [We will do our best to honor your housing request. Priority is given based on age and health needs. We appreciate your understanding for the needs of all members of our community.]

\_\_\_\_ A-Frame Cabin (sleeps 4)      \_\_\_\_ A-Frame Cabin (sleeps 8)      \_\_\_\_ Buckhorn Tent

\_\_\_\_ Dormitory      \_\_\_\_ Wrangler Cabin      \_\_\_\_ West Camp Cabin

\_\_\_\_ My own tent      \_\_\_\_ RV      \_\_\_\_ Staying offsite

Roommate Request \_\_\_\_\_

Will you be arriving in time to join us for the evening meal on Saturday?                      Yes                      No

I (we) would like to volunteer to help with  
 \_\_\_ Worship    \_\_\_ Music    \_\_\_ Hospitality    \_\_\_ Recreation    Other \_\_\_\_\_

Do you have any other needs, special requests, or anything else we need to know about our week together?

\_\_\_\_\_

\_\_\_\_\_

**MEALS, LODGING, AND PROGRAM FEES** (weekly rate includes Mission Center subsidy)

	AGE		PER DAY	PER WEEK	# OF PEOPLE	TOTAL
Full Week	Infant/Toddler	0-3		No Charge	x _____	= \$ _____
	Youth	4-11		\$190.00	x _____	= \$ _____
	Adult	12+		\$250.00	x _____	= \$ _____
Partial Week	Infant/Toddler	0-3	No Charge	# of days _____	x _____	= \$ _____
	Youth	4-11	\$38.00 (lodging + 3 meals)	# of days _____	x _____	= \$ _____
	Adult	12+	\$50.00 (lodging + 3 meals)	# of days _____	x _____	= \$ _____
Day Only	Infant/Toddler	0-3	No Charge	# of days _____	x _____	= \$ _____
	Youth	4-11	\$20.00 (no lodging, 2 meals)	# of days _____	x _____	= \$ _____
	Adult	12+	\$30.00 (no lodging, 2 meals)	# of days _____	x _____	= \$ _____
	Reunion text for the adult class			Quantity _____	x \$18	= \$ _____
	Donation for Community of Christ Baja Mexico Reunion - August 11-12, 2018					= \$ _____
	<b>TOTAL DUE</b>					<b>\$ _____</b>

**PAYMENT**

- Payment amount included \$ \_\_\_\_\_
- Paying in full at camp
- Requesting DEEP assistance (please bring DEEP form signed by pastor or financial officer with you)

**SEND FORM AND PAYMENT TO:**

Community of Christ  
 Attn: Reunion  
 PO Box 1330  
 Simi Valley, CA 93062

**THANK YOU! WE LOOK FORWARD TO SEEING YOU AT BUCKHORN!**

# MEDICATION ADMINISTRATION RECORD

*Community of Christ*  
Camps/Retreats/Caravan

EVENT NAME \_\_\_\_\_

DATES \_\_\_\_\_

**PARENTS/GUARDIANS:** Please fill out Camper and Medication Information as requested below if someone else will be providing medications for your minor.

CAMPER'S NAME

 M  F

AGE

DATE OF BIRTH

**CAMPER ALLERGIES:** \_\_\_\_\_

CAMPER'S MEDICATION INFORMATION	CAMP STAFF USE ONLY							
	DATE TIME	SUN	MON	TUE	WED	THU	FRI	SAT
MEDICATION								
DOSAGE								
ROUTE								
FREQUENCY								
COMMENTS								
MEDICATION								
DOSAGE								
ROUTE								
FREQUENCY								
COMMENTS								
MEDICATION								
DOSAGE								
ROUTE								
FREQUENCY								
COMMENTS								
HEALTH SUPERVISOR'S SIGNATURE/INITIALS:								

**PARENT/GUARDIAN INSTRUCTIONS:**

1. Place medications in a ziplock bag and label it in permanent marker with  
a. Child's Name      b. Child's Date of Birth
2. Medications must be in original container with doctor's directions if it is a prescription (no pills in bags).
3. Send inhaler if your child has asthma.
4. Send EpiPen if your child has history of severe allergic reactions.

**Note to Health Supervisor:** Write letter code, time, and your initials in box when medication was not given.  
**R** - Refused medication      **S** - Skipped dose for medical reasons      **N** - No show after reminders

# HEALTH SCREENING FORM

Community of Christ  
Camps/Retreats/Caravan

Event Name:

Dates:

	<input type="checkbox"/> M	<input type="checkbox"/> F		
CAMPER'S NAME			AGE	DATE OF BIRTH
STREET/PO ADDRESS	CITY	STATE	ZIP	CONGREGATION
Phone #1 - - -		Phone #2 - - -		
PARENT/GUARDIAN PHONE NUMBER(S)				

**NOTE TO HEALTH SCREENER/NURSE:** If any of the items listed below have been reported upon check-in, or observed by assessment, describe or comment on those items in the space below.

ILLNESS WOULD INCLUDE:	COMMUNICABLE DISEASE EXAMPLES:	INJURIES:
<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> Rash <input type="checkbox"/> Open Sores <input type="checkbox"/> Cough <b>NOT RELATED</b> to Asthma <input type="checkbox"/> Pink Eye	<input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Polio <input type="checkbox"/> Hepatitis <input type="checkbox"/> Tetanus <input type="checkbox"/> Diphtheria <input type="checkbox"/> Meningitis <input type="checkbox"/> Influenza <input type="checkbox"/> Tuberculosis (Active on medication for TB <i>or</i> Inactive= Negative Chest X-Ray)	<input type="checkbox"/> Broken Bones <input type="checkbox"/> Sprains <input type="checkbox"/> Old Knee Injuries <input type="checkbox"/> Back Injuries <input type="checkbox"/> Recent Head Injuries <input type="checkbox"/> Lacerations with Stitches/Staples

**COMMENTS:**

All of the above information will be kept confidential and only shared with event leadership, and emergency responders, as needed in order to provide adequate healthcare while you are at a Community of Christ camp, retreat, or caravan event.

Signature of Health Screener: \_\_\_\_\_

Signature of Nurse after assessing the camper with any checked item(s): \_\_\_\_\_

Please sign after updating the medical release form with any new findings: \_\_\_\_\_

# HEALTH HISTORY FORM

1. FAMILY/CAMPER NAME

OTHER FAMILY MEMBER ATTENDEES	PHYSICIAN	
	1	2
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>

1. PHYSICIAN'S NAME	PHONE - -
ADDRESS	
2. PHYSICIAN'S NAME	PHONE - -
ADDRESS	
HEALTH INSURANCE PROVIDER NAME	PHONE - -
NAME OF INSURED	POLICY #

## MAKE COPIES OF INSURANCE CARDS AND BRING TO CAMP

**IMMUNIZATION HISTORY:** (Enter date of last immunization as 00/00/00)

	DPT/TD TETANUS	MEASLES/MUMPS RUBELLA (MMR)	TUBERCULIN TEST GIVEN	FLU	PNEUMONIA	WHOOPING COUGH	SHINGLES	OTHER (SPECIFY)
CAMPER 1								
CAMPER 2								
CAMPER 3								
CAMPER 4								
CAMPER 5								
CAMPER 6								

**HEALTH SUMMARY:**

1. Describe any current health conditions that require medication (please list), treatment, or special restrictions while at camp.  
 None
2. Describe any past medical treatments relevant to participating in camp.  
 None
3. Describe any allergies or dietary restrictions.  
 None
4. Describe any activity restrictions while at camp.  
 None
5. Describe any current mental or psychological conditions that require medication, treatment, special restrictions, or pastoral care.  
 None

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (for campers under age 18) \_\_\_\_\_

**FOR CAMPERS OVER AGE 18 ONLY:**

- I decline to provide the requested health information, *or*  
 Information is provided in a sealed envelope with permission to open *only* in case of an emergency.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

# EMERGENCY CONTACTS AND WAIVERS

1. FAMILY/CAMPER NAME

ADDRESS

PHONE - -

COMPLETE THIS SECTION FOR ALL FAMILY MEMBER ATTENDEES, if applicable.

CAMPER NAME	AGE
2.	
3.	
4.	
5.	
6.	

**FIRST EMERGENCY NOTIFICATION**

NAME RELATIONSHIP  
 ADDRESS  
 PHONE #1 - - PHONE #2 - -

**SECOND EMERGENCY NOTIFICATION**

NAME RELATIONSHIP  
 ADDRESS  
 PHONE #1 - - PHONE #2 - -

**PERMISSION FOR MEDICAL TREATMENT**

I, the undersigned (participant, parent or legal guardian), hereby authorize any necessary medical treatment for the applicant/myself, and my family members listed above. I also guarantee all payment of all charges incurred during this medical treatment.

\_\_\_\_\_ Date  
 SIGNATURE OF PARENT/GUARDIAN/APPLICANT

**LIABILITY RELEASE**

The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by Southern California Mission Center and Southwest International Mission Center, Community of Christ for participation in this event, we (I) being 21 years of age or older, do for ourselves (myself) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release forever, discharge, and agree to hold harmless the aforementioned camp and Community of Christ and the directors thereof from any and all liability, claims, or damage for personal injury, illness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in this event. Furthermore, we (I) (and on behalf of our [my] child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreating and work activities involved therein. Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food, lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

\_\_\_\_\_ Date  
 SIGNATURE OF PARENT/GUARDIAN/APPLICANT

**PHOTO RELEASE**

In consideration of the right of the aforementioned applicant to participate in this activity, I hereby give consent to and authorize the taking of photographs or videotapes in which the applicant(s) may appear. I hereby waive all right of privacy in and to any said pictures or videotapes.

\_\_\_\_\_ Date  
 SIGNATURE OF PARENT/GUARDIAN/APPLICANT