

HEALTH HISTORY: Camper health and medical information needs to be made known to the camp. Camp personnel will hold this in confidence. If insufficient space is provided, please describe on separate paper and attach to this form.

Does camper have allergies? Yes No

Date of last tetanus booster _____

Please specify allergies:

Past pertinent medical history (i.e diabetes, asthma, heart problems, seizures, etc.) _____

Medication Policy: Medications brought to camp **MUST** be checked in with camp nurse at registration. All prescription medications **MUST** be in original container with the camper's name, name of medication, and directions clearly marked on the pharmacy label. All over-the-counter medications **MUST** be in the original container and accompanied by parental instructions.

Any restriction of activity due to disability or for medical reasons? Yes No
If yes, please explain: _____

Medically required dietary restrictions? _____

Any other medical conditions of which the camp should be aware? Please explain: _____

Do you carry family health insurance? Yes No

Group ID#: _____

Carrier: _____

Family Dr. _____ Phone _____

EMERGENCY AUTHORIZATION AND LIABILITY RELEASE

This health history is correct as far as I know, and the person described above has 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, water skiing, and horse riding. I understand that camp and program staff have taken extensive safety measures, as well as making every effort to aid the safety of all camp participants. However, I also recognize the camp facility nor program staff 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 the Oregon Conference and the host camp facility from all liability for any injury to the camper. I understand that transportation to and from the camp (and any liability thereof) is the responsibility of the camper, and not that of the Oregon Conference or host camp. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied to have a set available for transportation records and for the camp office. I give permission for the Oregon Conference of the Free Methodist Church to use any photo, video, or interview of my family taken at camp to illustrate, report, promote and advertise Oregon Conference camping.

Date: _____
Signature of Parent/Guardian _____

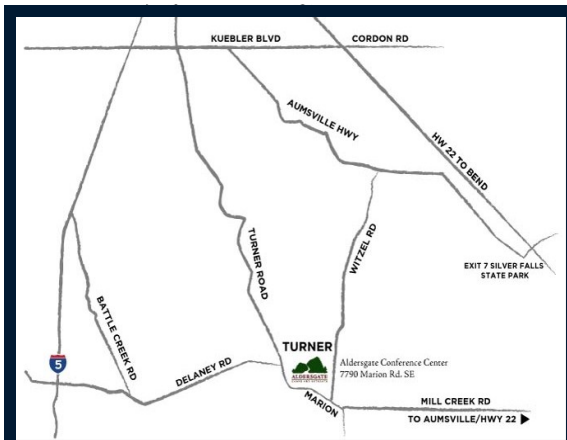
Emergency Contact: In case we cannot be reached in an emergency, please notify the following individual:

Name: _____

Relationship: _____

Home Phone (_____) _____

Cell Phone (_____) _____



7790 Marion Rd SE • Turner, OR 97392
For more info. / Questions – call or visit:
503.743.2494 • www.aldersgatetreat.com

FROM NORTH-

Exit from I-5 at Exit 252 (Kuebler Blvd.), Turn Left at light. Proceed east to stop light at Turner Road and turn right. Follow Turner Road 4 miles into Turner. Continue to follow the main road through Turner following signs to Aumsville. You will cross Mill Creek on your way out of Turner. Entrance to Aldersgate is 500 ft. ahead, on the left.

FROM SOUTH-

Exit from I-5 at Exit 248 (Turner-Sunnyside Rd.), Turn Right at stop sign. Proceed 4 miles east on Delaney Road into Turner and turn right at the stop sign just after the railroad tracks. Follow the main road through Turner following signs to Aumsville. You will cross Mill Creek on your way out of Turner. Entrance to Aldersgate is 500 ft. ahead, on the left.



What to Bring

Sleeping bag/Pillow	Bible
Tennis shoes	Sunscreen
Bath Towel/Toiletries	1 -piece bathing suit
Jacket	Snack Shack money

A Friend!



Oregon Conference

**GRADE SCHOOL
CAMP**



Go West!

Aldersgate Camps and Retreats

August 9-12, 2010



Activities

- Nature Walk
- Relay Races
- Geocaching
- Scavenger Hunt
- Field Games
- Archery
- Creek Walking
- Big Swing
- Tubing Creek
- Paintball
- Climbing Wall
- Talent Show
- Movie Night
- Chuck Wagon Show
- Campfire
- Frisbee Golf
- Boat Races
- Water Slide
- Craft House

SCHEDULE

MONDAY

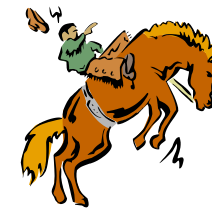
- 1-3PM CHECK-IN AND REGISTRATION
- 3-5PM WELCOME AND ICE BREAKERS
- 5PM CABIN ADVENTURE
- 6PM DINNER
- 7PM FIELD GAMES
- 8PM CHAPEL
- 9PM ROUND-UP
- 10:30PM CABIN DEVOTIONALS
- 11PM LIGHTS OUT

TUESDAY-WEDNESDAY

- 8AM BREAKFAST
- 9AM CHAPEL
- 10AM ACTIVITY #1
- 11AM CABIN ADVENTURES
- 12PM LUNCH
- 1PM BUNK TIME
- 2PM ACTIVITY #2
- 3-5PM FREE TIME
- 5PM DINNER
- 6PM FIELD GAMES
- 7PM CHAPEL
- 8PM ROUND-UP
- 10:30PM CABIN DEVOTIONALS
- 11PM LIGHTS OUT

THURSDAY

- 8AM BREAKFAST
- 9AM CABIN ADVENTURE
- 10AM ACTIVITY # 3
- 12PM LUNCH
- 1PM CABIN CLEAN-UP
- 2PM CHAPEL



Registration

Name (First & Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Best Phone #: _____

Church: _____

Preferred Roommate/s: _____

Emergency Contact _____

Name: _____

Phone: _____

Parent/Guardian Signature: _____

I Want a T-Shirt - Check Preferred Size

- Small
- Medium
- Large
- X-Large

Registration Fee: \$95, w/ T-Shirt \$10!

Please MAIL your completed registration WITH FULL PAYMENT by July 27th.

Aldersgate
7790 Marion Rd SE
Turner, OR 97392

We are sorry, NO PHONE-IN Registrations or credit cards accepted.

Register Early! Space is Limited!

Phone 503.743.2494 / www.aldersgateretreat.com

