



YouthCamp

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 (_____) _____

Daytime Phone (_____) _____

Cell Phone (_____) _____

Getting There



7790 Marion Road, Turner, OR 97392
Phone: 503-743-2494 • Toll Free: 888-647-2494
DIRECTIONS



Coming From the East on HW 22

- Take Exit #7 (Silver Falls State Park) HW 214 Ex
- Turn Left at the off ramp Stop Sign
- Turn Right at the next Stop Sign onto Aumsville HW
- Follow Aumsville HW for 1.3 miles; turn left onto Witzel Rd.
- Follow Witzel Rd for 2.6 miles; it intersects with Marion Rd Se
- Turn Right, the first Drive Way on the right is Aldersgate

Coming From the North on I-5

- Take exit #252 (Kuebler Blvd) turn left at the Light.
- Proceed East to stop light at Turner Rd, turn right.
- Follow Turner Rd. 4 miles into Turner
- Follow the main road through Turner. Follow the signs to Aumsville and cross the mill creek on your way out of Turner.
- Entrance to Aldersgate is 500ft. ahead on the left.

Coming From the South on I-5

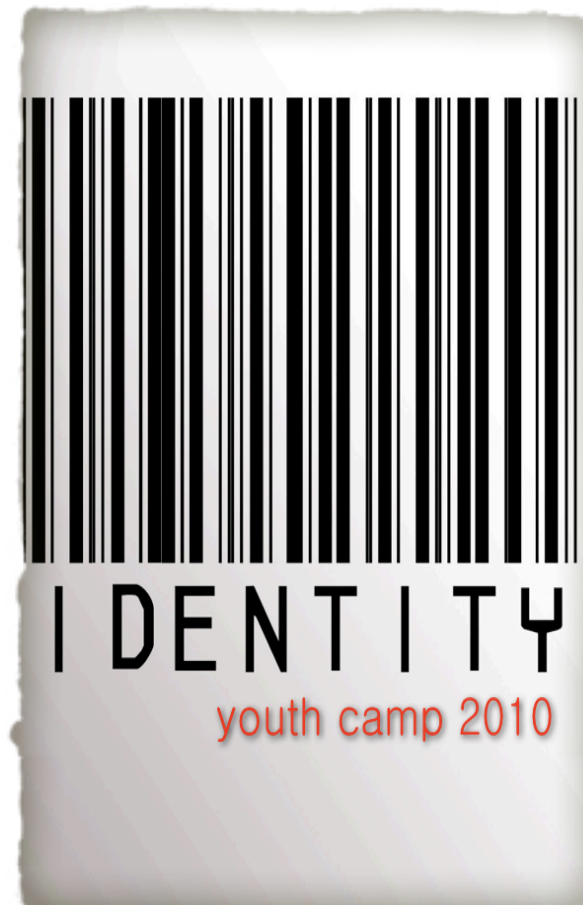
- Take exit #248 (Turner-Sunnyside Rd.).
- Turn Right at Stop Sign.
- Proceed 4 miles east on Delaney Rd into Turner.
- Turn right at stop sign just after railroad tracks.
- Follow main road through Turner, following signs to Aumsville
- You will cross Mill Cross Creek on your way out of Turner.
- Entrance to Aldersgate is 500ft. ahead on the left.

If you get lost call 503-743-2494

Conference Youth Camp

August 9-12, 2010

Aldersgate Camp & Retreats





Camp Activities

Camp Registration

High School & Middle School

Monday

1-3pm	Check-in & Registration
5:30pm	Dinner
7pm	Evening Session
9pm	Evening Activities (Night Games & Snack Shop)
11:15pm	Lights Out

Tuesday-Wednesday

8am	Breakfast
9am	Morning Session
10:30am	Service Projects
12:30pm	Lunch
1:30-5pm	Open Recreation
5:30pm	Dinner
7pm	Evening Session
9pm	Evening Activities (Night Games & Snack Shop)
11:15pm	Lights Out

Thursday

8am	Breakfast
9am	Clean Up
10am	Morning Session
12:00pm	Lunch
2-3pm	Check-Out

What to Bring?

Sleeping Bag	Pillow	Tennis Shoes
Bath Towels	Toiletries	Jacket
Notebook/Pen	Bible	Sunscreen
1-piece swimsuit	A Friend	

Our Identity:
 The evening sessions will be an incredible time of reflection, challenge, and worship. Together we will explore what it means to have an identity founded on Jesus in the midst of many things telling us who we should be. How can students find God as a defining aspect of their lives? We will explore this together!

Worship by:



THE PLANET KNEW

Camp Activities:

- *Evening sessions of authentic worship, fun speakers, and meaningful prayer.
- *Morning times of service in the community.
- *Afternoon free times: Climbing Wall, Paintball, Inner-tubing, night games, and fun activities.

Name (First & Last): _____

Address: _____

City: _____ ST _____ Zip _____

Email: _____

Best Phone #: _____

Church: _____

Preferred Roommate(s) _____

Emergency Contact:
 Name: _____

Phone #: _____

Parent/Guardian Signature: _____

I want a Camp T-Shirt (\$6)

Preferred Size:

Small

Medium

Large

X--Large

Registration Fee: \$95, w/T-Shirt \$101

Please MAIL your completed registration WITH FULL PAYMENT to "Aldersgate" 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) FAX: 503-743-4858 PHONE: 503-743-2494

www.aldersgateretreat.com