

The following information is needed by any hospital or practitioner not having access to your medical history:

Allergies \_\_\_\_\_

Medications being taken \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Physical impairments \_\_\_\_\_

Other facts to which a physician should be alerted \_\_\_\_\_

Below I give my release Authorization in accordance with the above statements:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Group #/Cert. #: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Guardian Work #: \_\_\_\_\_

(Please complete for office use)

Camper Name \_\_\_\_\_

Parent(s) / Guardian Name \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

(For office use)

### Parents — Medication Form

If your child will be taking any medication while at camp, it is required that you fill out and send a “Parent Request to Administer Medications” form with your child. You can get one of these from your church representative.

Send Checks and registration to:  
New Horizons Community Church  
c/o Jill Patrick  
3122 W Lincoln Rd.  
Spokane, WA 99208



Please make checks payable to: PNA

### Scholarship Information:

You must fill out a Scholarship Application and give it to your representative who will call you when this has been approved.

*\*Church Rep., please contact Jill Patrick @ jillybeanpatrick@hotmail.com to verify available funds.*

### For Questions and Additional Information contact the Camp Directors:

Danna Jones—spagange@q.com  
Jill Patrick—jillybeanpatrick@hotmail.com

### Contact Information During Camp: Double K Christian Retreat Center

(509)656-2304

620 Tall Timber Trail  
P.O. Box 98  
Easton, WA 98925



# PNA Jr. Camp 2011 Celebrate CHRIST



**This is love: It is not that we loved GOD,  
but that HE loved us and sent HIS son to  
give His life to pay for our sins**

**I John 4:10**

**Ages 9—11 yrs.**

(Children entering grades 4, 5, & 6 in the fall)

**July 28th-31st**

**Double K Christian Retreat Center**

## What to Expect!

- \*Worship
- \*New Friends
- \*Devotions
- \*Great Food
- \*Swimming
- \*Games
- \*Skits
- \*Crafts
- \*New Surprises this year!!!
- \*Snack Shack
- \*FUN!



## Do Bring!

- \*A friend or two!
- \*Sleeping bag and pillow
- \*Clothes for warm and cool weather
- \*Sandals and tennis shoes.
- \*Money for the snack shack. (Max \$3)
- \*Personal Items (Toothbrush, towel, etc.)
- \*Swimsuit (ONE PIECE ONLY)
- \*Bible, notebook, and pen or pencil
- \*Flashlight

## Do NOT Bring!

- \*Any Food items
- \*No Bikinis (You will be asked to change.)
- \*Electronic Equipment (iPods, cell phones, etc.)

**\*\*Double K and PNA are not responsible for lost or stolen items. Any above listed items may be taken and held until the end of the week.**

## When and Where?

**Check-In:** Thursday,  
July 28th @ 3pm

**Check-Out:** Sunday, July 31st @ 1pm  
Please contact one of the directors if arrangements need to be made for a later pick-up time.

**Directions:** *Double K Retreat Center* is located in Easton, WA about 20 minutes from Snoqualmie Pass. Take Interstate 90 to Exit 71. Go one mile east on the South Frontage Road.

## Junior Camp 2011 Registration

(Registration and Medical Release are both required)  
*You must register with your church representative to ensure adequate adult supervision requirements and for transportation needs!*

Name \_\_\_\_\_

Age \_\_\_\_\_ Grade in the Fall \_\_\_\_\_

Male Female (circle one)

Full Address:  
\_\_\_\_\_  
\_\_\_\_\_

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

Parent's cell or work number (s): \_\_\_\_\_ Other Emergency Contact Number: \_\_\_\_\_

Church Name (if applicable)  
\_\_\_\_\_

Counselor (name of adult attending Jr. Camp with you)  
\_\_\_\_\_ (MUST be completed)

**Cost: To be paid by check or money order.**

**Early Bird Cost: \$160.00 / \$140** for each additional family member

(If registration and checks are postmarked by June 6th.)

**Late Registration: \$180.00 / \$160** for each additional family member

(If postmarked between June 7th & 30th.)

**Registration Deadline: June 30th**

(If Registration is not Postmarked by June 30th, your registration fee will be refunded to you and you **WILL NOT** be able to attend.)

**\*\*If unable to pay the full amount by the deadline please contact one of the directors to make payment arrangements**

**\*\*A \$30.00 administration fee will be charged for all cancellations.**



## Medical Release Form

Release of all claims and authorization for medical treatment.

I, (parent name) \_\_\_\_\_

hereby give my son/daughter (print name)  
\_\_\_\_\_

permission to attend Junior camp. I hereby release the Pacific Northwest Association of the Church of God (PNA) together with its agents and employees, from all actions, causes of action, damages, claims, or demands which I, my heirs, executors, administrators or assigns may have against the PNA or the above described parties for all personal injuries known or un-known which I have or may incur by participating in the above activity.

I, the undersigned have read this release and understand all its terms. I execute it voluntarily and with knowledge of its significance.

I hereby authorize the Pacific Northwest Association of the Church of God and/or its employees and agents to consent to the administration of any treatment deemed necessary by a licensed physician, surgeon or dentist; and/or transfer to any hospital reasonably accessible. I acknowledge the PNA and/or its employees and agents may authorize such treatment and/or transfer at their sole discretion. PNA and/or employees or agents shall make a reasonable attempt to contact participant's parent before consenting to any treatment unless an emergency requiring immediate treatment exists.

I further promise to hold harmless the Pacific Northwest Association of the Church of God and/or its employees and agents from any and all expense incurred pursuant to this authorization in obtaining medical treatment and/or physician charges.

(Continued on other side)



Pacific Northwest Association of the Church of God  
Strengthening Churches and Leaders for Mission

Cut Here