



## 2025 Camper Application Form

**Camper attend camp of the grade they just finished.**

Camp Attending (please mark)	Dates	Fees	Early Bird	
<input type="checkbox"/> Grade K - 2	7/17-19	\$160	July 4	\$110
<input type="checkbox"/> Grade 3 - 4	6/24-28	\$230	June 11	\$180
<input type="checkbox"/> Grade 5 - 6	7/8-12	\$230	June 25	\$180
<input type="checkbox"/> Grade 7-12	6/17-21	\$230	June 4	\$180

Amount Due \$ \_\_\_\_\_

(If applying Camper of the Week award, please attach copy)

**Make checks payable to:** Cove Christian Camp

**Mail to:** P.O. Box 3352

**La Grande, OR 97850**

**Pay online** at [covechristiancamp.org](http://covechristiancamp.org)

☐ Check here to **apply for Fee Sponsorship**

**K – 2 Camp begins at 5pm on the start date and ends at 2pm on the last day; all other camps begin with registration at 5pm on the start date and end at 10am on the last day.**

### Camper Information

Please **Print** Clearly

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender at Birth: (circle one) Male Female Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Home Church (if applicable) \_\_\_\_\_

T-Shirt size: \_\_\_\_\_ youth or adult (circle one) [t-shirt included in registration fee]

### Parent Information

**All information completed for 'Parent/Guardian #1' fields will be used as the primary contact for all camp related information.**

Parent/Guardian #1

Parent/Guardian #2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Camper Pick-up Information

Person(s) authorized to pickup camper from Cove Christian Camp:

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Camper will NOT be released from camp to anyone not listed above  
or otherwise provided to the camp director in writing by a legal guardian.**

Complete health information and emergency authorization below:

**NOTICE!** This application is **NOT COMPLETE** until the health form and emergency authorization is filled in and signed.

### Health, Emergency Authorization and Activity Release Form

Camper's Name \_\_\_\_\_ Camper's weight (if known): \_\_\_\_\_

Camper's **Primary Emergency Contact**:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alt Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Camper's Secondary Emergency Contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alt Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Doctor \_\_\_\_\_ Office# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Medical Ins. Co. \_\_\_\_\_ Policy# \_\_\_\_\_ Group # \_\_\_\_\_

Are all vaccinations required by the Oregon Dept of Education current?: Y N

If no, reason: \_\_\_\_\_

All **known allergies and related symptoms** (environmental/medical/food). If none, please write 'N/A':

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Please List Camper's Current Medications (list additional medications on back of this page):

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time of Day \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time of Day \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time of Day \_\_\_\_\_

**All medications for your child must be prescribed by a physician, supplied in their original container, and given to the camp nurse by the child's parent upon arriving at camp. Put in a zip lock bag with child's name on it.**

Please list any current illness and/or emotional events your child may have experienced (divorce, bullying, death of loved one, etc.), any nighttime conditions (bedwetting, nightmares, sleeplessness, etc.) or other information helpful for our staff to help your child have a safe and fun experience at his or her camp. Use additional paper if more room needed.

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The following medications are often given by the camp nurse as needed. If all are acceptable, please check the box next to "All Acceptable". Otherwise, please check each box next to only the acceptable medications.

- |   |  |   |  |  |  |
|---|--|---|--|--|--|
| <input type="checkbox"/> Advil                          | <input type="checkbox"/> Claritin          | <input type="checkbox"/> Benadryl                   | <input type="checkbox"/> Immodium          | <input type="checkbox"/> Calamine or Caladryl    | <input type="checkbox"/> Topical Cortisone |
| <input type="checkbox"/> Tylenol                        | <input type="checkbox"/> Pepto Bismol      | <input type="checkbox"/> Tums                       | <input type="checkbox"/> Miralax           | <input type="checkbox"/> Ducosate stool softener | <input type="checkbox"/> Kaopectate        |
| <input type="checkbox"/> Topical Antibiotic (Neosporin) | <input type="checkbox"/> Maalox or Mylanta | <input type="checkbox"/> Topical anti-itch creams   | <input type="checkbox"/> Hydrogen Peroxide |  |  |
| <input type="checkbox"/> Cough Lozenges                 | <input type="checkbox"/> Cough syrup       | <input type="checkbox"/> Sunscreen/Sunburn products | <input type="checkbox"/> All Acceptable    |  |  |

Please list any current/recent illness or injuries that may affect participation in activities at camp:

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Camper's Existing / Previous Conditions:

- ☐ Neurological issues (such as head injuries or headaches)
- ☐ Sensory deficits (such as hearing or sight)
- ☐ Respiratory problems
- ☐ Heart problems
- ☐ Gastrointestinal or urinary problems
- ☐ Musculoskeletal injuries
- ☐ Other: \_\_\_\_\_
- ☐ **None**

Please give a brief description of any conditions marked above and any limitations, symptoms or effects that camp staff need to be aware of:

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### **Emergency Treatment Authorization**

In case of emergency, I hereby give permission for the camp nurse or first aid person to administer first aid treatment to named camper and transport by private vehicle to local clinic or hospital if further treatment or evaluation needed. If assessed to be a life threatening/emergent situation, camper to be transport by ground ambulance or air transport as appropriate to Grande Ronde Hospital or a hospital more appropriate for care of the medical emergency or injury, to secure proper treatment for the camper. In addition, I have read and understand this EMERGENCY TREATMENT AUTHORIZATION statement and give my full consent to the term found therein. (This form may be photocopied for use out of camp.)

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### **Contract of Release & Assumption of Risk Agreement**

As parent or legal guardian of the applicant, I am in favor of him/her attending camp, and accept the conditions named. The health history and application information are correct, as far as I know, and the person described herein has permission to engage in all prescribed camp activities, except as noted. In addition, I have read and understand this **CONTRACT OF RELEASE & ASSUMPTION OF RISK AGREEMENT**.

By signing below, I acknowledge I have read the above statement and consent to its conditions. I realize camp activities have inherent risks. I knowingly accept and assume this risk, and agree to release Cove Christian Camp, its employees, the Northwest Association of Christian Churches and its parent organizations from liability in case of accident or illness. Cove Christian Camp is not responsible for lost or damaged personal items, including cameras and personal recreational equipment, etc. I also agree that photographs and video of the applicant may be used for camp promotional material. I agree to abide by ALL camp regulations and policies and to uphold its objectives.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## *Information for Parents and Campers*

**CAMP DATES & DIRECTORS for 2025**      Cove Camp Phone for Emergency calls only: 541-568-4662

<b>Youth Camp (7th-12th)</b>	June 17-21	Shaun Erickson	541-398-0632
<b>3<sup>rd</sup> &amp; 4<sup>th</sup> Grade Camp</b>	June 24-28	TBD	TBD
<b>5<sup>th</sup> &amp; 6<sup>th</sup> Grade Camp</b>	July 8-12	Boon Setser	503-339-5845
<b>K - 2<sup>nd</sup> Grade Camp*</b>	July 17-19	CJ Johnson	541-980-9391

Upon receipt of your registration, a confirmation will be sent to the email address provided for 'Parent/Guardian #1'. This will also contain detailed information about what your camper needs to bring to camp, drop-off and pick-up times, camp rules, etc.

**No Visitors** are allowed during the week without permission of the Director due to both security requirements and the difficulty it causes in meal planning and camp continuity. Campers who must leave during the week, for any reason, must give **written** permission to the Director from their parent/guardian stating when and with whom they are leaving and returning.

ALL campers are expected to abide by camp rules and participate in all scheduled activities. Refusal to comply (defiance) may result in the camper's parent/guardian being called to come take the camper home, regardless of time or distance. **Shoes (not flip flops) must be worn at all times**, except when bathing or swimming.

**We encourage you to send mail to your camper(s).**

Send letters on the first day of camp OR give letters to camp director at registration time.

**Send camper mail to:** Cove Christian Camp • 68405 Mill Creek Lane • Cove, OR 97824

**\*K-2 Camp Parents:** We welcome you to stay overnight at camp with your children! If you are planning to do so, please contact the camp director at least one week in advance to complete the required security screening. **If you are concerned about your child staying overnight and you have the means of picking them up each day, you may also choose a "day camp" option.** Please talk with the camp director about details.