



CAMP JONAH

CAMPER REGISTRATION FORM

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Registration form must be accompanied by a non-refundable \$50 deposit for Overnight Camps and \$25 for Day Camps.
Please call ahead or email to check on availability. We need one form per camper.

CAMPER INFORMATION

Camper Name _____ Camper Email _____

CAMP ATTENDING

- ☐ Day Camp 1 ☐ Day Camp 2 ☐ Day Camp 3 ☐ Day Camp 4 ☐ Ultimate Kids' Camp ☐ Middle School Max
☐ Jr. Adventure Camp ☐ Middle School Adv Camp ☐ High School Shape & Sharp ☐ Grand Camp

Birthdate _____ ☐ Male or ☐ Female

Age during camp _____ Grade Next Fall _____ Roommate Request (1 only, within 1 grade) _____

Pricing

For each of our youth camps, you will find three different camp prices. You get to choose the one that best fits your family's ability to pay.

Please circle the tier you'll be choosing for your camper.

| Camps | Tier 1 Discount | Tier 2 Normal Rate | Tier 3 True Cost |
|---|--------------------|-----------------------|------------------------|
| Ultimate & Jr. Adv. | \$230 | \$280 | \$330 |
| MS Max, MS Adventure, High Shape & Sharp | \$250 | \$300 | \$350 |
| Day Camps | \$130 | \$160 | \$190 |
| Grand Camp | \$75 | \$115 | \$140 |

PARENT/GUARDIAN INFORMATION

Parent or Guardian Name(s) _____

Mailing Address _____ City _____ State _____ Zip _____

Family Home Phone _____ Family Email Address _____

Father Cell Phone _____ Father Email _____

Mother Cell Phone _____ Mother Email _____

EMERGENCY & MEDICAL INFORMATION

(In case of emergency, parent will be called first, then additional emergency contact)

Emergency Contact (Other than Parent) Name _____ Relationship _____

Emergency Contact Phone _____ Cell _____

Insurance Company Name _____ Policy/ID # _____

Physician _____ Phone _____

My child can receive over-the counter medications (Tylenol, Advil, etc.) ☐ Yes ☐ No

Food allergies or dietary restrictions: _____

Medical needs or disabilities you would like us to know about: _____

Notes to Registrar _____

CAMP JONAH ACKNOWLEDGEMENT OF RISK FORM

ALL GUESTS OF CAMP JONAH MUST SIGN THIS WAIVER

31 Little Mountain Road, Trout Lake, WA, 98650 * 509-395-2900 * www.campjonah.com * jonah@campjonah.com

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RELEASE OF LIABILITY:

As a guest of Camp Jonah (Jonah), I understand that a certain amount of risk is involved for individuals engaging in activities involved with our program. As a guest or camper I recognize the element of risk in any adventure, sport or activity associated with the Jonah program. I am fully aware of the risks and dangers inherent in activities such as, but not limited to: hiking, rafting, caving, low and high challenge course, zipline, climbing wall, inflatables, swimming, backpacking, field games, etc.

I understand the possible risks and dangers of participating in such activities. I realize that illnesses and injuries related to unpredictable weather conditions, carelessness, including failure to follow instructions, of other participants and Jonah staff, may occur and may be the cause of loss or damage to equipment or personal injury, illness, and, in extreme cases, permanent trauma and death.

I certify that I have the necessary skills and ability to participate in said activities and assume full responsibility for myself for bodily injury, death and loss of personal property and expenses thereof as a result of my negligence in participating in said activity except to the extent such damage or injury may be due to the negligence of the Jonah staff.

I also agree to abide by the rules or instructions given to me either verbally or in writing by Jonah staff. I further understand that Jonah reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participating in said activity.

I assume any risk that could result while participating in the Jonah program—either on or off-campus. I recognize that Jonah cannot guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I understand that Jonah has taken extensive safety measures, as well as making every effort to aid in the safety of all guests, campers, and participants. I agree to assume the risk of injury and expense that could result while at Jonah. I release the property owners, Jonah, its staff members, and Board of Directors from liability for any injury to me while a guest or camper of Jonah.

In the event that medical care is necessary, I (or parent/guardian) give permission to Jonah staff to authorize transport, hospitalization, x-ray, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant named above. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating; otherwise, I agree to bear the costs of any such injury or damage. My signature below certifies that I am in good health and do not have any medical or physical limitations that would affect my participation in Camp Jonah activities.

MEDIA RELEASE:

I give permission for Camp Jonah to use any photo or video of me/my child for Camp Jonah or promotional advertising. I release my rights to any kind of remuneration for said photos or videos.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in the said activity.

Participant's Printed Name

Participant's Age

Date (Month/Day/Year)

Signature of Adult Participant (18 years and older)

OR

Printed Name of Parent/Guardian (of minor participant 17 years and younger)

Signature of Parent/Guardian

EMERGENCY CONTACT INFORMATION:

#1 Name _____ Phone # _____

#2 Name _____ Phone # _____

ZOLLER'S RAFTING WAIVER Jonah Ministries participates with Zoller's Outdoor Odysseys, Inc. as one of our off-campus activities. Zoller's Outdoor Odysseys, Inc. requires this waiver to participate in their program. Thank you for your cooperation.

17 AND UNDER

If under eighteen years of age, parent, guardian, or custodian must sign the following indemnification:

INDEMNIFICATION

In consideration for the above minor being permitted by **ZOLLER'S OUTDOOR ODYSSEYS, INC.** to participate in the activities of rafting which include, without limitation, the use of its services, and equipment, I agree to the following waiver, release and indemnification:

The undersigned parent, guardian, or custodian of the above minor, for himself/ herself and on behalf of said minor, hereby joins in foregoing Waiver and Release and hereby stipulates and agrees to save and hold harmless, indemnify, and forever defend **ZOLLER'S OUTDOOR ODYSSEYS, INC.**, THEIR DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM AND against any claims, actions, demands, expenses, liabilities (including reasonable attorneys' fees), and NEGLIGENCE made or bought by said minor or by anyone on behalf of said minor, as a result of said minor's participation in the activities of **ZOLLER'S OUTDOOR ODYSSEYS, INC.** and his or her use of the property and facilities of **ZOLLER'S OUTDOOR ODYSSEYS, INC.** I, for myself and on behalf of said minor, agree not to sue **ZOLLER'S OUTDOOR ODYSSEYS, INC.** as a result of any injury, paralysis, or death that said minor suffers in connection with his/her participation in the activities of **ZOLLER'S OUTDOOR ODYSSEYS, INC.**

I also grant **ZOLLER'S OUTDOOR ODYSSEYS INC.**, permission to photograph this activity. I UNDERSTAND THAT THESE PHOTOGRAPHS MAY BE AVAILABLE TO PURCHASE AS WELL AS USED IN PROMOTIONAL ENDEAVORS.

This Agreement shall be governed by and construed in accordance with the laws of the State of Washington and venue of any action relating to this release shall be in Klickitat County, Washington.

Signature of Parent, Guardian or Custodian of Minor

Date

Print Name of Minor

Witness

Date

TROUT LAKE CARE CAMPER AGREEMENT

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Trout Lake Care is a local provider of medical care that is extending coverage to Camp Jonah during your camper's stay with us. The coverage is completely optional; however, we ask that you acknowledge that you were made aware of this clinic.

Trout Lake is very blessed to have a new Direct Primary Care (non-insurance) medical clinic in our little town. The Trout Lake Clinic (TLC) is located right across from the General Store at 2384 Hwy. 141, Trout Lake, WA 98650. Marshal F. Harpe, D.O., and Shanea C. Harpe, a certified nutritionist, opened early in 2017 as a service to this community. Soon after opening, they reached out to Camp Jonah to offer their services at reduced prices. TLC is not an insurance plan. The Harpes say it is "assurance not Insurance".

On rare occasions campers may need medical care. As always, a call to 911 brings EMS services to our door within minutes. However, if the medical need seems less urgent, but still calls for a medical diagnosis, we are now able to call Dr. Harpe for an Acute Care visit at any hour of the day or night. The charge is just \$60.

How this works:

1. Your signature shows your agreement for treatment and to pay in full on the day of treatment. The clinic will call you with a report and payment options.
2. As always, we will try to contact parents/guardians first, emergency contact next. When you sign the Camp Jonah Acknowledgement of Risk form, you give permission to Camp Jonah staff to authorize medical treatment. You also agree to cover costs for treatment.
3. Remember, insurance will not cover this visit. A visit to Dr. Harpe, however, can save hundreds of dollars out-of-pocket if we don't have to make an emergency room visit!
4. This is of, course, optional. But you must fill out the Camp Jonah Acknowledgement of Risk Form.

By clicking on ACCEPT you Authorize:

- All of the personal information I've completed is true to my knowledge.
- I authorize this office to release to my insurance company, third party, medical facility, or attorney any information necessary to expedite medical care and/ or payment. I understand that I am responsible for all charges regardless of insurance coverage.
- I understand that Trout Lake Clinic does not bill insurance and that patients under Dr. Harpe's care are prohibited from billing their insurance. Medicare requires their members to sign an Opt-Out Agreement.
- I understand that if I have urgent acute care medical needs after regular office hours, I can seek care through a local Emergency Room or Urgent Care Center at my own cost, if Dr. Harpe is not available. I understand that payment of charges is due in full today, paid either via cash, check, debit, credit card, or EFT for all care, supplies, and non-member additional charges accrued for provided care.
- I understand that there is up to a \$20.00 charge for returned checks and debit/credit cards for insufficient funds. I authorize Trout Lake Clinic to leave a message with my family or on my answering machine or email reminding me about any follow-up appointment date and time, without details of specific medical indication.

I have read and ACCEPT or DECLINE Trout Lake Care. By declining, I acknowledge that in the event of a medical emergency I will be driven to an emergency room in White Salmon or Hood River and I understand I will be financially responsible for the care I receive.

☐ ACCEPT

☐ DECLINE

Participant's Name

Parent Signature

Date

Camp Jonah Camper Medication Form

This form must be completely filled out for campers bringing any medication to camp. Please fill out one section of this form for each medication. **Please send only essential medication.** Incidental, OTC (over-the-counter) medications are supplied by the Medical Supervisor on staff. All medications brought to camp **MUST** be checked in at registration. All medications (prescription, OTC, supplements, vitamins, etc.) require original container and correct name, time, and dosage printed on the label of prescription medications.

Medication for _____

(Name of Camper)

| | | | | | |
|-------------------------|------------------|--------------|---------------|----------------|--|
| Medication Name: | | | | | <input type="checkbox"/> As needed Only <input type="checkbox"/> Dispense Regularly |
| | Breakfast | Lunch | Dinner | Bedtime | Other |
| Sunday | | | | | |
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |

| | | | | | |
|-------------------------|------------------|--------------|---------------|----------------|--|
| Medication Name: | | | | | <input type="checkbox"/> As needed Only <input type="checkbox"/> Dispense Regularly |
| | Breakfast | Lunch | Dinner | Bedtime | Other |
| Sunday | | | | | |
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |

Parent/Guardian Signature _____ Date ____/____/____

Please write additional instructions on the back of this form