

Please check out our online registration process. It is quick and easy!!

# Redwood Glen Program Camps - Registration Form - Summer 2010

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In order to attend camp, please be sure to fill out *both sides* of this form and sign it where indicated. One form per camper. We cannot accept a faxed form. Your camper is not registered until all the information requested on this form is *complete and correct*, and we have received a minimum \$50 registration payment. Form must be received 14 days before camp start. Any forms received less than 14 days before camp starts will be placed on a waiting list, subject to availability.

## Choose A Camp (Note Camp Name for correspondence with your camper during camp.)

- |  |                   |       |
|--|-------------------|-------|
| <input type="checkbox"/> Discovery Camp (completing 2 <sup>nd</sup> -5 <sup>th</sup> grade)                | <b>June 14-18</b> | \$315 |
| <input type="checkbox"/> Children's Music & Drama Camp (completing 2 <sup>nd</sup> -5 <sup>th</sup> grade) | <b>June 21-26</b> | \$315 |
| <input type="checkbox"/> Adventure Camp (completing 4 <sup>th</sup> -6 <sup>th</sup> grade)                | <b>June 21-26</b> | \$315 |
| <input type="checkbox"/> Youth Music & Drama Camp (completing 6 <sup>th</sup> -12 <sup>th</sup> grade)     | <b>July 5-10</b>  | \$325 |
| <input type="checkbox"/> Junior High Camp (completing 5 <sup>th</sup> -8 <sup>th</sup> grade)              | <b>July 12-16</b> | \$325 |
| <input type="checkbox"/> Senior High Camp (completing 6 <sup>th</sup> -12 <sup>th</sup> grade)             | <b>July 12-16</b> | \$325 |

## Camper Information (PLEASE PRINT NEATLY)

Camper's full name \_\_\_\_\_  
 ( ) ( )  
 Phone number \_\_\_\_\_ Alt/Cell phone number \_\_\_\_\_

Home address: House Number, Street, Apt. # \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Camper's email address \_\_\_\_\_  
**K 1 2 3 4 5 6 7 8 9 10 11 12** Male Female  
 Grade (completing in Spring 2007 - circle one) Camper's Gender (circle one)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Birth date Age (circle one)

**Children's: M L** Adult: **S M L XL XXL**  
 T-shirt size: (Circle one for your free camp T-shirt!)

**Roommates Requested:**  
 We will make every effort to honor your request but cannot guarantee it. Cabin groups are configured by age.  
 1) \_\_\_\_\_ 2) \_\_\_\_\_

## Parent/Guardian and Church Information

Parent/Guardian Name \_\_\_\_\_  
 Relationship to Camper \_\_\_\_\_  
 ( ) ( )  
 Daytime phone number \_\_\_\_\_ Evening phone number \_\_\_\_\_

Parent/Guardian's Email Address \_\_\_\_\_  
 Church's Name \_\_\_\_\_  
 City church is located in \_\_\_\_\_

OFFICE USE Check # \_\_\_\_\_  
 Confirmation  Credit Card

## Cost, Discount and Payment Information (Personal Financial Worksheet)

**1) Original Camp Cost** Circle the cost of your camp (found at left). **\$325 \$315**  
 2) From the Original Camp Cost you circled above, we'll begin identifying discounts and subtracting them from the original amount.

**3) Early Bird Discount** Mail form/payment by May 15, 2010, save \$10! **-\$** \_\_\_\_\_ (-\$10)

**4) Bring a New Friend Discounts**  
 If you have been to a RG Program Camp in previous years, bring a friend that has never been to RG, to the same camp you're attending, and we'll give you \$50 off! Bring two friends, and we'll give you \$100 off!  
 To get this discount, you must mail your form and your friend's form(s) in the same envelope.  
 \_\_\_\_\_ **-\$** \_\_\_\_\_ (-\$50)  
 First New Friend's Name  
 \_\_\_\_\_ **-\$** \_\_\_\_\_ (-\$50)  
 Second New Friend's Name

**5) Sibling Discount**  
 Enter the name of any one of your siblings, if they are attending one of the 2010 Camps listed at left and save \$10!  
 \_\_\_\_\_ **-\$** \_\_\_\_\_ (-\$10)

**6) First Timer Discount** Save \$50 instantly, if you've never been to RG! **-\$** \_\_\_\_\_ (-\$50)

**7) Full Payment Discount** If paying in full with this form, subtract \$10! **-\$** \_\_\_\_\_ (-\$10)

**8) Now, take the Original Camp Cost from line 1 above and subtract all of the discounts you qualified for (lines 3 through 7). Enter the result (your Discounted Camp Cost) below on line 9. This is the total amount you will need to pay to attend camp.**

**9) My Discounted Camp Cost** **\$** \_\_\_\_\_

10) Next, we'll go through your three payment options.  
 (After completing lines 11-13 below, add them together and they should equal the amount on line 9 above)

**11) My Payment Now**  
 You must pay at least \$50 now to register. This form alone will not register you nor reserve a spot for you unless it is accompanied by at least \$50. The first \$50 of your payments is non-refundable. You may pay any amount more than \$50 now, if you like. Remember, if you pay in full now, you can save \$10! (See line 7 above.)  
 \_\_\_\_\_ **-\$** \_\_\_\_\_  
 Enter your Credit Card information below, or send a check with this form for this amount on line 11 above.

**12) My Church's Payment** **-\$** \_\_\_\_\_  
 It is your responsibility to assure that your church is sending this payment to Redwood Glen.

**13) My Payment Later**  
 Take line 9 and subtract lines 11 and 12. The result is the total you would like to pay later. Please enter that amount here.  
**\$** \_\_\_\_\_

**All fees are due, paid in full, before the start of your camp.**  
 If you'd like to pay by Credit Card, please complete the following. We will charge the amount you indicated above on line 11.

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_  
 Visa/MasterCard/Discover #. Sorry, no American Express. Expiration Date

\_\_\_\_\_  
 Print Cardholder Name Cardholder Signature

\_\_\_\_\_  
 Credit Card Billing Address (Street, Apt #, City, State, Zip) - \*Required\*

**Emergency Contact Information** (Please re-enter, even redundant information, from front side so that this "health form" side is complete when photocopied and separated from front. ~Thank you.)

<hr/> <small>Camper's Emergency Contact Person</small>	( ) <small>Daytime Phone Number</small>	<hr/> <small>Camper's Full Name (above)</small>	<small>Please check camp again (below)</small>
<hr/> <small>Emergency Contact Person's Relationship to Camper</small>	( ) <small>Evening Phone Number</small>	<input type="checkbox"/> Discovery, June 14	<input type="checkbox"/> CMAD, June 21
		<input type="checkbox"/> YMAD, July 5	<input type="checkbox"/> Adventure, June 21
			<input type="checkbox"/> Junior High, July 12
			<input type="checkbox"/> Senior High, July 12

**REDWOOD GLEN 2010 HEALTH FORM: COMPREHENSIVE HEALTH HISTORY, PHYSICIAN INFORMATION AND EMERGENCY AUTHORIZATION**

(Please note: During check-in on registration day we will have a 'health screening' where we will check the Camper for lice, ask for all medications to be turned in, ask about any recent injuries, exposure to any communicable diseases, and if there have been any changes in Camper's health/usage of meds since completing this form)

**Physician and Insurance Information**

**Health History**

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Doctor's Phone Number

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

The Camper's Insurance is considered the primary insurance in the event of an accident or health problem while Camper is attending a camp. (Redwood Glen does; however, carry accident insurance in the event there is no family accident insurance.)

**Has the Camper had a physical in the last 24 months?** \_\_\_\_\_  
Please attach a copy of physical to this form. (*Recommended, not required.*)

**Please list any special limitations or restrictions** (eg. diet, glasses/contacts, retainers, hearing aids, sleepwalking, bedwetting, medical devices in use, hospitalizations or surgeries, home sickness, socialization issues, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS (List with instructions)** Note: All prescription medications must carry Pharmacist's label and be in original containers. All medications will be kept secure by the camp's Health Care Provider and made available as prescribed. Campers may not bring over-the-counter medications, unless they have written instructions from a licensed physician. Over-the-counter medications will be made available by the camp's Health Care Provider according to written, health-care policies and procedures.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

I authorize the above-named minor to fully participate in the camp they are registered for, unless restrictions are noted above. The camp may photograph the minor and/or myself and use the pictures for advertising or promotional use. The minor may be transported in camp-designated vehicles for off-site trips and for emergency and routine medical care. I give permission to search camper belongings with the camper present when the health, well-being, or safety of the camper or others requires it.

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications (prescription and over-the-counter); to order X-rays, routine tests, and/or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary, related transportation for me or the above-named minor. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the minor named above. This completed form may be photocopied for trips out of camp.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Camper

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

My child has or has had the following:  
**Allergies/Dietary Restrictions:**

If checked, please specify (eg. Hay Fever, Poison Oak/Ivy, Insect Stings, Pollen, Penicillin, or specific foods, drugs, or other): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Neuro/Psychological:**

If checked, please specify (eg. ADD/ADHD, Epilepsy, Concussion, Convulsions, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Diseases:**

If checked, please specify (eg. Chicken Pox, Measles, German Measles, Mumps, Scarlet Fever, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other:**

If checked, please specify (eg. Rheumatic Fever, Fainting, Diabetes, Asthma, AIDS, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Immunization History**

Please provide dates (mo/yr) of all immunizations or a copy of the Camper's records.

_____/_____/_____	DPT Series
_____/_____/_____	Polio
_____/_____/_____	MMR (Measles/mumps/rubella)
_____/_____/_____	Tuberculin test
_____/_____/_____	Tetanus booster
_____/_____/_____	Hepatitis B
_____/_____/_____	Haemphilus Influenza (HIB)
_____/_____/_____	Other

Nurse's notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_