



640 LOST LAKE RD
NACHES, WA 98937

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www.campghormley.com

Parent(s)/Guardian(s): Please follow the instructions below. You may call or email our office with any questions.

1. Complete both sides of this form and make a copy for your own records.
2. Mail, fax, or email this form to camp at least 2 weeks prior to camp.
3. Pay the \$50 deposit, or pay in full. Mail a check or call to pay by phone.
4. Call or email us with any changes or additional information.

CAMPER INFO

Dates will attend camp: from _____ to _____ Session Name: _____
Month/Day Month/Day

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Grade in Fall 2020: _____
Month/Day/Year

Church: _____ Church City: _____ T-Shirt Size: _____
YS YM YL S M L XL XXL

School: _____ School City: _____

Cabin Mate Requests* (with / not with): 1st _____ 2nd _____
*must be within one grade level of your camper

First Time Camper? Yes No Invited by: _____

How did you hear about us? _____

PRIMARY CONTACT INFO (all communication will be with the contact(s) listed below)

Parent/Guardian Name(s): _____

Mailing Address: _____
Street Address

City State Zip Code Email: _____

Home Phone: _____ Cell: _____ Work: _____

*Star preferred contact phone.

Emergency Contact in the event the Primary Contact cannot be reached (different contact than the contact(s) listed above):

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____

Who do you authorize to pick your child up from camp (list all, including parents/guardians)?

Name(s): _____ Relationship to Camper: _____ Phone: (_____) _____

PERMISSIONS

Please provide parent initials below for consent.

_____ I give my permission for Camp Ghormley to use any photos or videos of my child at camp for promotional purposes such as brochures, web pages, videos, etc.

_____ I give permission to Camp Ghormley to transport my child in a vehicle and/or boat, with the understanding that the vehicle/vessel will be driven by a qualified Ghormley staff member for the purpose of off-site camp activities, which includes nearby activity locations (i.e. Rimrock Lake).

JURISDICTION AGREEMENT

Both the parents/guardians of the camper named on this registration, and Camp Ghormley, agree that any dispute by and between the parties arising out of or related to activities during the applicable camp session, shall be resolved in binding arbitration to be held in Yakima County, WA, USA. The parties shall agree upon a single Arbitrator. If they are unable to agree, an Arbitrator shall be designated by the presiding Judge of the Yakima County Superior Court. The cost of the arbitration shall be paid equally by the parties. Any and all disputes shall be resolved in accordance with the applicable laws of the State of Washington.

Signature of Parent/Guardian _____ Date: _____

AUTHORIZATION FOR HEALTH CARE

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Parent/Guardian _____ Date: _____

HEALTH HISTORY FORM

*ATTACH ADDITIONAL PAPERWORK IF NECESSARY

Camper Name: _____
First Middle Last

Allergies: No known allergies
This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
Please describe below what the camper is allergic to and the reaction seen.

Nutrition Needs: This camper has no dietary restrictions.
This camper has the following nutrition needs (*Please describe*):
 Non-celiac gluten free Nut free Vegetarian Egg free Dairy free Vegan Other (specify):

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (*Please describe below.*)

Health History: Please explain "Yes" answers below.

Has/does the camper:

1. Had seizures? Yes No
2. Have a history of bedwetting? Yes No
3. Have Autism Spectrum Disorder? Yes No
4. Have ADD or AD/HD? Yes No
5. Ever had an emotional or behavioral difficulties/disorder? Yes No
6. Had a significant life event that continues to affect them? Yes No
7. Have any other health issues (physical, behavioral, etc.)? Yes No
8. Have recently or is currently struggling with an eating disorder? Yes No

Does your camper have Diabetes?

Yes No

If yes, what type? _____

(Note: If your child is diabetic, please contact us before completing your registration process.)

The staff at Ghornley Meadow desire to meet each child's physical, mental, emotional, social, and spiritual needs. Please further describe below how we might be of assistance in meeting your child's unique needs:

We will automatically notify parents/guardians of certain situations involving their camper's illness or injury. For a list of these situations, please visit the "Camper Health and Safety" website page.

Please indicate additional items you wish to be contacted about while your child is at camp:

Asthmatics: My child does not have asthma.
 I give my child permission to carry an Albuterol Rescue Inhaler and to self-administer.
 I prefer the camp nurse keep my child's inhaler and to help my child determine if it is needed.

Medications: List ALL medications taken routinely. Bring it in the original packaging. The camper's name must be written on all containers. Please do not take your child off regular medicines while at camp. Attach additional paperwork if needed for more medications.

Medication 1: _____ Dosage: _____

Specific times to be taken each day: _____ Reason for taking: _____

Medication 2: _____ Dosage: _____

Specific times to be taken each day: _____ Reason for taking: _____

Immunizations: (Dates are required! By law we are required to obtain accurate records of immunizations each year. If you are unable to fill out the dates at this time, please send us the information as soon as possible. Copies of immunization forms from healthcare providers are acceptable.)

DTaP #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

Last Tetanus Booster _____

Are all other immunizations up to date? YES NO If no, please note.

Insurance & Health-Care Information:

This camper is covered by health insurance Yes No Insurance Co. _____ Policy # _____

Name of camper's primary doctor: _____ Phone: (_____) _____

Name of dentist/orthodontist: _____ Phone: (_____) _____

2020 CAMP DATES & PRICING

SESSION	GRADE	DATES	TRUE COST OF CAMP	INTERMEDIATE RATE	DISCOUNTED RATE
ON-SITE CAMPS					
Junior Camp 1	4-6	June 14-18	\$390/\$365*	\$350/\$325*	\$310/\$285*
Junior Camp 2	4-6	June 21-25	\$390/\$365*	\$350/\$325*	\$310/\$285*
Middle School Camp 1	6-8	June 28 – July 3	\$470/\$445*	\$420/\$395*	\$375/\$350*
High School Camp	9-13	July 5-11	\$545/\$520*	\$490/\$465*	\$435/\$410*
Primary Camp	2-4	July 12-15	\$305/\$280*	\$275/\$250*	\$245/\$220*
Family Camp	All	July 17-19	See Family Camp Pricing		
Junior Camp 3	4-6	July 19-23	\$390/\$365*	\$350/\$325*	\$310/\$285*
Middle School Camp 2	6-8	July 26-31	\$470/\$445*	\$420/\$395*	\$375/\$350*
OFF-SITE ADVENTURE CAMPS					
Adventure Camp 1	6-9	June 21-26	\$545/\$520*	\$490/\$465*	\$435/\$410*
Adventure Camp 2	6-9	June 28 – July 3	\$545/\$520*	\$490/\$465*	\$435/\$410*
Waterski Camp	8-13	July 19-23	\$545/\$520*	\$490/\$465*	\$435/\$410*
Adventure Camp 3	6-9	July 26-31	\$545/\$520*	\$490/\$465*	\$435/\$410*
HS LEADERSHIP PROGRAMS (Must be accepted before registering)					
Shift Session 1	11-12	June 14 – July 3	\$545/\$520*	\$490/\$465*	\$435/\$410*
Overdrive Session 1	12	June 14 – July 3	\$545/\$520*	\$490/\$465*	\$435/\$410*
Shift Session 2	11-12	July 12-31	\$545/\$520*	\$490/\$465*	\$435/\$410*
Overdrive Session 2	12	July 12-31	\$545/\$520*	\$490/\$465*	\$435/\$410*

* Price if registered and paid in full by May 15, 2020.

WHY THREE PRICES?

In the past, we priced camp at a rate we thought nearly all campers could afford, *but this amount didn't cover the full cost of camp.* This year, rather than raising all camp fees to levels that fully cover camp expenses – and price camp beyond the means of many campers – we are giving you the option to pay more if you are able. For each camp session, there are three price levels. You have the opportunity to choose the one that best fits your family's ability to pay.

True Cost of Camp: This is the true overall cost of a camper's participation at camp. This covers operational costs, plus upkeep to the camp's facilities and equipment.

Intermediate Rate: This mid-range rate doesn't quite meet the true full cost of camp, but does cover the basic operational costs: food, staff wages, program supplies, utilities, insurance, etc.

Discounted Rate: This base price is made possible by generous donors to Ghormley. These donations help to cover the costs not covered by the discounted rate.

If the lowest rate is most affordable to your family, please choose it. Your choice is and will remain voluntary and confidential. If you think you can help with some of the biggest expenses of operating camp, please choose a higher price.

PAYMENT DETAILS

\$ _____ Camp Session Fee

\$ _____ Spending Money (Camp Store Account & Paintball)
(\$5-\$50 Suggested, ON-SITE Camps only)

\$ _____ Donation to Camper Scholarships

\$ _____ **TOTAL**

\$ _____ PAYMENT INCLUDED AT THIS TIME
(\$50 minimum for Non-refundable Camp Deposit)

Payment Plan Option: Yes No

*Pay your balance in up to 4 monthly evenly split payments. If yes, please call the office to discuss payment details. Your payment plan must be set up before camp starts.