

CAMPER OR WORKER OR SPONSOR REGISTRATION



Complete both sides of this form and mail with full payment and a copy of the front and back of your insurance card to . . .

DAYBREAK CAMP—LABOR DAY YOUTH RALLY
6676 Rose Acres Lane Phone: 831-335-2756
Felton, CA 95018 FAX: 831-335-2750

Please Print in Black or Blue Ink ONLY

OFFICE USE ONLY	
Date Rec'd	Postmark
Check #	Amount:
Paid by	Processed CC (date) Auth. Code
PAID IN FULL	

Last Name	First	<i>I AM A... (circle)</i> CAMPER WORKER SPONSOR		
Address	<input type="checkbox"/> M	<input type="checkbox"/> F	FOR WORKER OR SPONSOR ONLY You <i>MUST</i> bring your own sleeping facilities <input type="checkbox"/> Tent <input type="checkbox"/> RV <input type="checkbox"/> Commute I AM willing to Work With <input type="checkbox"/> Clean Up Dining Hall <input type="checkbox"/> Clean Restrooms <input type="checkbox"/> Cook <input type="checkbox"/> Gate Control <input type="checkbox"/> Night Patrol <input type="checkbox"/> Registration <input type="checkbox"/> Small Group Leaders	
City	State	Zip		Birthdate
Home Phone ()	Home Church			
Email				
CAMPER'S ONLY! Last school grade completed <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> College				
T-Shirt Size (Adult) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL				
PHOTOGRAPHY: Daybreak Camp routinely uses photos and video taken from events for print, web and video applications. Your registration constitutes permission given to Daybreak Camp.				
Sponsors are mandatory! My sponsor at the LDYR will be				
Names of parents				
Confirmation of the registration will be by email. Parent Email				
Father's Work Phone ()		Father's Cell Phone ()		
Mother's Work Phone ()		Mother's Cell Phone ()		

1. Name of Emergency Contact *(Other than parents)* _____
 Their Phone () _____ Relationship _____

2. Name of Emergency Contact *(Other than parents)* _____
 Their Phone () _____ Relationship _____

Only fully completed registrations signed by the campers and/or parent/guardian can be accepted.
 Registration fees must accompany form to secure a space. All cancellations are subject to a \$20.00 charge.
 There will be a \$15.00 fee for bank returned checks.

**DEADLINE FOR REGISTRATION IS August 23, 2009. Only space available will be filled after that date.
 NO REFUNDS AFTER August 23, 2009.**

REGISTRATION FEES	
<input type="checkbox"/> Early Registration <i>(before August 23)</i>	\$85.00
<input type="checkbox"/> Regular Registration <i>(after August 23)</i>	\$95.00
<input type="checkbox"/> Sponsor or Worker Registration.....	\$85.00
Make checks payable to DAYBREAK CAMP and put camper's, sponsor's or worker's name in the memo section of your check.	

TO PROCESS YOUR REGISTRATION <u>MUST</u> INCLUDE:
<input type="checkbox"/> Complete front and back of registration form
<input type="checkbox"/> Complete Medical Information
<input type="checkbox"/> Copy of front and back of insurance card
<input type="checkbox"/> Full payment (check or credit card)

→ FOR CREDIT CARD USE ONLY ←

	American Express		Discover		MasterCard		Visa
Card# _____				Exp Date _____			
Name as it appears on card				Signature			

CAMPER OR WORKER OR SPONSOR MEDICAL INFORMATION

To REGISTER YOU MUST INCLUDE A COPY OF THE FRONT AND BACK OF YOUR HEALTH INSURANCE CARD.

All participants (campers/worker/sponsor) must complete this form.

Last Name	First Name	Birthdate	<input type="checkbox"/> M	<input type="checkbox"/> F
Do you have asthma? <input type="checkbox"/> YES <input type="checkbox"/> NO Explain condition				
List any allergies				
Daybreak must be informed of any special medical conditions that have been diagnosed. Describe any health condition requiring medication, treatment or special instruction/consideration while at camp. Or, are there any chronic conditions or any behavior conditions that Daybreak should be aware of? List all that apply:				
Special Dietary Needs:			<input type="checkbox"/> VEGETARIAN?	
Are there any over the counter medications the camper/worker/sponsor should not take? (ie: aspirin, Tylenol, Benadryl, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO Explain				
Insurance Health Carrier		Policy #	Phone 1-800-	
WORKER/SPONSOR ONLY: What is the date of your last tetanus shot?				
Does you take any medications daily? YES NO If YES, complete below. All camper medications must be in the original container labeled with the dosage instructions or written instructions from the parents and will be checked in with the camp nurse.				

MEDICATION	TIMES TAKEN & DOSAGE	REASON TAKEN

CAMPER IMMUNIZATION RECORD-MOST RECENT DATES	
Tetanus (DTP)	
MMR	
Hib (Haemophilus influenzae)	
Hepatitis B	
Polio	

AGREEMENT WITH CAMPER (NOT WORKER)

I apply for admission to Labor Day Youth Rally. As a condition of acceptance, I acknowledge this is a Christian Bible camp and I agree to follow the camp rules. I agree to attend and actively participate in all activities.

Camper's Signature _____ Date _____

AGREEMENT WITH PARENT/GUARDIAN OF CAMPER or CAMPER OVER THE AGE OF 18

Disclosure: Camp and the rope challenge courses involves a variety of activities including warm-ups, games, group initiative problems, low high challenge course elements, and other rigorous physical adventure activities. The level of participation in the ropes course is entirely voluntary at all times. Safety measures have been designed into the program (highly trained staff, state of the art equipment, and strict safety standards) to safeguard all participants against possible injury. As with any program of this type, there is a risk which must be assumed by each participant. Your signature also allows student/camper to sleep on the upper bunk.

In consideration of the acceptance of this applicant, I, the undersigned parent or guardian, consent to the applicant's participation in the Labor Day Youth Rally. I affirm my student/camper's health is good, and that he/she is not under a physician's care for any undisclosed condition that might endanger his/her health or that of other participants. I recognize the inherent risk of injury or disability and understand that each participant must assume the risk of physical injury that could result from any camp or rope activity. Further, authorization is given in advance for any adult camp staff member to consent to any medical or surgical diagnosis, treatment, and/or hospitalization which is deemed necessary for the duration of camp. I also agree to be financially responsible for all said treatment.

I acknowledge Daybreak Camp/Labor Day Youth Rally is not responsible for campers during transit to and from camp, nor after the camp concludes at 12:00 Noon on Monday, September 7. I hereby release the camp staff, Labor Day Youth Rally, and Daybreak Camp from liability with this applicant's participation in Labor Day Youth Rally. I understand that I will be required to pick my student/camper up if he/she does not abide by the camp rules.

I have read and understand this agreement. My signature certifies that all medical information given for my child is accurate.

Signature of Parent/Guardian/Camper over 18 _____ Date _____