

# Application Form 2009 (please type or print)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home Phone) (Mother's Work Phone) (Father's Work Phone)

Sex:  Male  Female Age: \_\_\_\_\_

Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

Social Security No. \_\_\_\_\_

*We do support, and the applicant agrees to abide by all camp regulations.*

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Camper's Signature)

<b>CAMP FEE (\$225)</b>	\$ _____
on or before June 5 (\$200)	\$ _____
<b>SPECIALTY CLASS FEE</b>	\$ _____
<b>BUS SERVICE</b>	\$ _____
<b>LAUNDRY SERVICE</b> <small>(\$10 per extra week)</small>	\$ _____
<b>STORE MONEY</b>	\$ _____
<b>TOTAL ENCLOSED:</b>	\$ _____

## OFFICE USE

CABIN	RECEIPT NO.	MEMO	AMOUNT RECEIPT

### Bus Service

Departing from:	Returning to:
____ Pomona SDA Church	(\$40) _____
____ San Gabriel Academy	(\$45) _____
____ Bellflower SDA Church	(\$50) _____
____ Loma Linda Academy	(\$35) _____
____ So. Cal. Conference	(\$45) _____
____ Van Nuys SDA Church	(\$50) _____

### Indicate Week(s) of Attendance

- Adventurer** (Ages 6-9) June 21 - June 28  
 **Junior 1** (Ages 8-12) June 28 - July 5  
 **Junior 2** (Ages 10-12) July 5 - July 12  
 **Junior 3** (Ages 10-12) July 12 - July 19  
 **Junior 4** (Ages 10-12) July 19 - July 26  
 **Tween** (Ages 12-15) July 26 - Aug. 2  
 **Parent Weekend Getaway**

### Specialty Class Pre-Registration

Please indicate 1st, 2nd, 3rd choice for Junior-Teen camps: (each class needs a minimum of 15 campers)

- Water-Skiing** (\$90) (Jr. 1 & 2)  
 **Ceramics** (\$25)  
 **Horsemanship** (\$40) (ages 10 & up)  
 **Math Class** (\$10)  
 **Backpacking** (\$10) (Jr. 2)  
 **Balloon Art** (\$15)  
 **Optical Illusion** (\$10)  
 **Guitar Lessons** (\$10)  
 **Picture CD** (\$10)  
 **Art Class** (\$10)

# Camp Cedar Falls Medical Consent Form

We, the undersigned parent(s) or guardian of:

Name of camper \_\_\_\_\_

a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of any physician the camp may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Camp Cedar Falls or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to Camp Cedar Falls.

We hereby authorize any hospital, physician or other person who has attended or examined the minor to furnish the camp's insurance company or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

**If your child has special needs, behavioral problems, or mental disorders, prior arrangements need to be made with camp director.**

\_\_\_\_\_  
 Parent or legal guardian's signature

Health record of \_\_\_\_\_

Date \_\_\_\_\_

1. Circle the number of times camper has been to camp.

0 1 2 3 4 +

2. Check if applicant has:

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Lung Problem | <input type="checkbox"/> Seizures                   |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> High Blood Pressure        |
| <input type="checkbox"/> Headaches     | <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Allergy to bee/wasp stings |

3. Date of last tetanus if child over 12 years old: \_\_\_\_\_

4. Recent operation or injury: \_\_\_\_\_

5. Serious illness during past year: \_\_\_\_\_

6. Allergies: \_\_\_\_\_

7. Allergic to the following medication(s): \_\_\_\_\_

8. Over-the-counter medication may be taken at camp:  Yes  No

9. Medication taken within the year: \_\_\_\_\_

10. If more space is needed for explanations, attach separate sheet.

**Please make checks payable to: Camp Cedar Falls • Send to: Youth Ministries Dept. P.O. Box 969, Glendale, CA 91209**  
**After June 10 send to: CCF, 39850 State Hwy 38, Angelus Oaks, CA 92305**