

A Ministry of the West Coast District Church of God (7th Day)
Located at 1000 Airport Rd, Cave Junction, OR 97523
(541)592-3766

SIS-Q MEADOWS SENIOR
YOUTH CAMP
July 24 – July 31, 2022
AGES 13-18



Camp Directors:

Greg & Lorie Haffner

(541)935-5361

lorendahaf@earthlink.net

Harold & Vona Ogren

(541)689-1387

hogren@msn.com

Check-in begins at
3:00PM July 24, 2022

DO NOT COME EARLY.

Facilities are not available until
after 3:00PM.

CAMPERS MUST BE PICKED
UP BY 10:00AM SUNDAY,
July 31, 2022.

ITEMS TO BRING

Bible-Flashlight-Pillow-Jacket-
Washcloth Toothbrush-toothpaste-
Sleeping bag-Deodorant-Towels-
Soap-Sunscreen- Swimsuit (one piece
or tankini for girls)- Mosquito
Repellant

DO NOT BRING

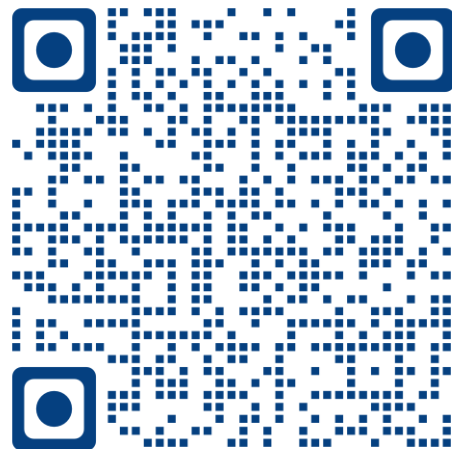
Alcohol-Drugs-Tobacco-Vaping
device-Firearms-Knives-Fireworks

If it is questionable, DO NOT BRING IT!

Scan QR Code to
register or use link
below

<https://forms.gle/rF8gqP2KnNwJu55G8>

You may also email completed
registration form to
lorendahaf@earthlink.net



COST \$350.00

HURRY!! (Register by June 30, 2022 and receive \$50.00 off. You pay only \$300.00.) Campers **MUST** attend all week- no partial week attenders. Please complete form in full legibly. Send ASAP with CHECK MADE PAYABLE TO LORENDA HAFFNER PO Box 508, Veneta, OR 97487

Name _____ Parent/Guardian _____
Address _____ City _____ State _____ Zip _____
Home #(_____) _____ Work #(_____) _____
Sex _____ Age _____ Birthdate: m _____ d _____ yr _____ Campers e-mail _____
Living with (circle one): _____ Swimming information (circle one)
Parents Mother Father Guardians Beginner 1 2 3 4 5 6 7 8 9 Advanced
Baptized: Yes No Home Church _____

*If your registration form is received by **June 30, 2022** we will guarantee your shirt size circled below.*

T-Shirt Size: Small Medium Large XL XXL (these are adult sizes)

I agree to abide by all of the rules, verbal or written, set forth by the camp staff.

Camper Signature

PARENTAL RELEASE FORM:

In case of emergency we will contact Parent or Guardian first. Please list 2nd contact in case parents are not available.

Name _____ Phone #(_____) _____

**By initialing I agree that photos from youth camp may be used for promotional purposes.
If you have questions please contact Harold Ogren or Greg Haffner before camp.**

Medical Information

1. Does your child have any chronic medical problems? Yes _____ No _____ Please list any allergies: (bee sting and medication) _____
2. Does your child take any medication? Yes _____ No _____ If Yes, list name of medication and condition it is for. _____

Insurance

The following information will be needed should treatment become necessary.

Insurance: Yes _____ No _____ If yes, please supply the following information

Name of Insurance Company _____ Group # _____

Name of person insured _____ Plan # _____

Authorization of consent to the treatment of a minor:

(I) (We), the undersigned, parent(s) or legal guardian of _____, a minor, do hereby authorize Sis-Q-Meadows Camp Staff member as an agent for the undersigned, to consent to and authorize X-Ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medical Practices Act on medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given, in advance of any specific diagnosis, treatment or hospital care being required, to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgement may deem advisable.

(I)(We) hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of said minor to the above named agent upon the completion of treatment.

(I)(We) understand and agree that payment of any medical or dental care is (my) (our) responsibility.

Parent or Legal Guardian _____ Date _____

Parent or Legal Guardian _____ Date _____