



Tilikum Day Camp

June 23-27, 2014

Early Registration: \$200 on or before May 31

Regular Registration: \$210 after May 31

For children entering 1st through 5th grade in the fall



Tilikum is putting together another spectacular summer program for your children:

- Biblical teaching through engaging story lessons and small group times;
- Singing and Worship, on a fun level kids can relate to;
- Age appropriate activities including:
 - Water activities - swimming, rafting, canoeing, kayaking and our water slide!
 - Nature hikes
 - Our famous "Big Swing"
 - Archery (grades 3-6)
 - Barn and farm animals
 - Mini-zipline (grades 5-6)
 - 100-year old schoolhouse
- And much, much more!

Busses will leave from Village at 7:45am sharp and return approximately at 5:00pm each day. Day Camp is for children entering first through fifth grades.

What to Bring

Everyone attending camp will need a lunch, small water bottle, swimsuit, and towel daily. Tennis shoes are also a good idea instead of sandals or flip flops. Due to the energy expended at camp, please provide enough food for lunch and possibly a light snack during the day. It is helpful to bring your personal items (all clearly marked) in a small day pack. All lost and found items will be kept for 30 days and then given to a local charity organization. Please try to keep the child's pack light as they carry it with them throughout the day. Bibles are provided.

Day Camp Family Night

- Thursday night from 6:30pm to 8:30pm.
- Families of current day campers are invited to spend an evening at Tilikum.
- Opportunity for families to see the program up close, participate in some of the activities with their children, and enjoy a short program of singing, sharing and day camp fun.
- Campers will return to the church by bus at approximately 5:00pm as usual and then families are encouraged to attend Family Night at 6:30pm.
- Please inform the church office if parents have alternate plans for drop-off and pick-up.

Registration Instructions

- Complete the attached Registration and Medical Release form (front and back) and return with your check made payable to Village Baptist Church (\$25.00 non-refundable registration fee applied to cost of camp with balance due one week prior to camp).
- When three or more campers within a family attend a camping session, the third child receives a \$40.00 discount.
- Camper scholarships are available for families with specific need. Call Tilikum at 503-538-2763 to request a scholarship form. All scholarship requests must be approved at least 2 weeks prior to camp.

Safety

- Safety is a priority at Tilikum.
- Tilikum is accredited by the American Camping Association (ACA). Tilikum has earned this mark of distinction since 1977.
- All summer staff have current certification in First Aid/CPR and Emergency Water Safety.
- The waterfront is supervised by lifeguards certified by the American Red Cross.

Tilikum's Summer Staff

- College-age or older adults who have been selected for their desire and abilities to work with children, their friendly personalities and their commitment to the Lord.
- All are well trained in the areas of program safety and sensitivity to camper needs.
- The camper's spiritual personal growth is the focal point of our ministry.



Center for Retreats & Outdoor Ministries
15321 NE North Valley Rd
Newberg, OR 97132
503-538-2763
503-538-7536 (fax)
www.camptilikum.org

Village Baptist Church
330 SW Murray Blvd
Beaverton, OR 97005
503-643-6511
503-520-9499 (fax)
info@vbconline.org



Tilikum Medical and Release Form - Village Baptist Church

Please return this form immediately in order to complete the registration process.

Beginning and Ending Dates of Selected Camp Week: June 23 - 27, 2014

Select One: Day Camp (grades 1-6) Village Baptist Church Bus Stop SW Bible Bus Stop

Camper First Name _____ Last Name _____

Birthdate ____/____/____ Age during camp ____ Grade Next Fall ____ Gender Male Female

Custodial Parent(s) / Guardian(s) Full Names _____

Primary Home Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell - Mom _____ Cell - Dad _____

Mom's Email _____ Dad's Email _____

Home Church Name (if any) _____

Camper Buddy Request: Campers are only assigned to the same group if both campers request each other. One request per camper.

I would like to be grouped with: First Name _____ Last name _____

Transportation: I would like my child to return home from camp with the following people (name of person)

or (Church name) _____ Parents must give written permission to Tilikum if they desire anyone other than themselves to transport campers home from camp. **You must have picture ID available at time of check out.**

Emergency Contact Information: In case we cannot be reached in an emergency, please notify the following individual:

Name _____ Relationship _____

Cell Phone _____ Home Phone _____

Needs Assessment: Tilikum desires to help meet each child's physical, social and spiritual needs. Please describe below how we might be of assistance in meeting your child's unique needs. Attach additional paperwork if needed.

Health History: Camper health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If insufficient space is provided, please attach additional paperwork if needed.

Allergies: List all known allergies. Describe reaction and management of the reaction.

Medication Allergies: _____

Food Allergies or Special Diet Needs: _____

Other Allergies: (include insect stings, hay fever, asthma, animal dander, etc.) _____

<input type="checkbox"/> Recent injury, illness or infectious disease	<input type="checkbox"/> Ever passed out during or after exercise	<input type="checkbox"/> Depression
<input type="checkbox"/> Chronic or recurring illness	<input type="checkbox"/> Had seizures	<input type="checkbox"/> Sleep problems
<input type="checkbox"/> Ever been hospitalized	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Psychiatric treatment
<input type="checkbox"/> Ever had surgery	<input type="checkbox"/> ADHD / ADD	<input type="checkbox"/> Bed wetting (recently)
<input type="checkbox"/> Head injury	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Respiratory problems
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> If female, abnormal menstrual history	<input type="checkbox"/> Other
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Eating disorder	

Please explain any "yes" answers, noting the number of the question.

Are there any other medical conditions or restrictions we should be aware of?

- Please complete additional questions on reverse side -

Health Insurance:

Do you carry family health insurance? Yes No Carrier _____ Group ID# _____

Family Doctor or Health Care Facility: _____ Phone _____

Family Dentist/Orthodontist: _____ Phone _____

Immunizations: (Dates)

DPT #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

Tetanus Booster #1 _____ #2 _____

Polio OPV / IPV #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

Measles MMR #1 _____ #2 _____

TB Test (if foreign born or exposure to tuberculosis) #1 _____

Hepatitis B #1 _____ #2 _____ #3 _____

Chicken Pox #1 _____ #2 _____

Hepatitis A #1 _____ #2 _____ Meningitis #1 _____ #2 _____

Medications: List ALL medications including over-the-counter or non-prescription drugs taken routinely. Bring enough to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Please do not take your child off regular medicines while at camp. Attach additional paperwork if needed for more medications. Identify any medications taken during the school year that participant does/may not take during the summer.

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 _____

Asthmatics: (please initial one if applicable)

I give my child permission to carry an inhaler to self administer for asthma related incidents. _____ (parent initial)

I prefer the camp health care personnel to keep my camper's inhaler and to help my camper determine when it is needed (recommended for day camp). _____ (parent initial)

Media/Photography: (please select one box below)

I do do not give permission for Tilikum to use any photographs, video, or interview taken at camp to be used to illustrate, report, promote and advertise Tilikum. Permission defaults to Tilikum if a choice is not indicated. (if you check 'do not', your child will be excluded from the group photo).

T-shirt Size: (please select one) Youth: S M L Adult: S M L XL

EMERGENCY AUTHORIZATION AND LIABILITY RELEASE: This health history is correct so far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury in camp activities and particularly, but not limited to: swimming, boating, archery and challenge course activities. I understand that Tilikum has taken extensive safety measures, including the certification of its staff in First Aid, CPR and Water Safety as well as making every effort to aid the safety of all camp participants. I also recognize that Tilikum cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child in the importance of knowing and abiding by the camp's rules and regulations and do release Tilikum from all liability for any injury to the camper. I understand that transportation to and from camp (and any liability thereof) is the responsibility of the camper, and not that of Tilikum.

I give permission to the camp medical staff to (1) administer the camper's routine medications, 'as needed' medications, and over-the-counter medications for minor illnesses or discomfort; (2) provide appropriate first aid for minor injuries; and (3) seek further treatment from local physician or hospital if condition warrants. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied by the camp to have a second set available for transportation records and for Tilikum's office.

I agree to the above emergency authorization and liability release (required)

Signature of Parent/Guardian _____ Date _____