

Additional forms available to download online at [www.driftcreek.org](http://www.driftcreek.org) Today's date: \_\_\_\_\_

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Parent email \_\_\_\_\_

Cabin friend request (list 1-2 names) \_\_\_\_\_

Church \_\_\_\_\_ Birth date \_\_\_\_\_

Current grade as of May 2024 \_\_\_\_\_ Gender: \_\_\_\_\_

☐ First time camper at Drift Creek Camp,

Check box for camp week:

☐ Buddy Camp, June 14-16, \$250;

Adult attending \_\_\_\_\_ Relationship \_\_\_\_\_

☐ Grades 3-4, June 16-21, \$360

☐ Grades 9-12, June 23-28, \$395

☐ Grades 7-8, June 30-July 5, \$360

☐ Grades 5-6, July 7-12, \$360

\$ \_\_\_\_\_ Camp cost (add \$25 after June 1st)

\$ \_\_\_\_\_ Tax-deductible donation to help DCC cover food costs

less \$ \_\_\_\_\_ Discount (explain) \_\_\_\_\_  
No discounts after May 31, 2024

less \$ \_\_\_\_\_ Enclosed (a \$50 non-refundable/non-transferrable deposit required)

\$ \_\_\_\_\_ Balance due at camp

Please charge my credit card \$ \_\_\_\_\_

☐ Visa Card Number \_\_\_\_\_

☐ MasterCard Exp. Date \_\_\_\_\_ CCV \_\_\_\_

☐ Discover Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ today's date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Insurance Name \_\_\_\_\_

Policy # \_\_\_\_\_

Physician Name \_\_\_\_\_

Physician Phone \_\_\_\_\_

☐ Allergies \_\_\_\_\_

☐ Physical or dietary restrictions (please attach explanation)

☐ Current Tetanus (please get a tetanus before camp if not within past 10 years)

Approval is given by the parent/guardian for the camper named above to participate in Drift Creek Camp (DCC) activities except as indicated. I authorize DCC staff to approve and obtain medical attention necessary for the health and safety of the camper as ordered by professional medical personnel with the understanding that all reasonable attempts have been made to contact the parent/guardian except in the case of minor illness and/or first aid. Photographs and information of camper may be used in camp promotional publications without further consent. I understand that if my child needs to be sent home, I am responsible for providing transportation.

Signature of Parent/Guardian \_\_\_\_\_

As a camper, my responsibilities include:

1. Be respectful of other campers and staff. 2. Treat the natural surroundings and camp facilities with respect. 3. Use appropriate language. 4. Avoid public displays of affection. 5. Dress modestly. 6. Leave all candy, gum, electronic devices, knives and pranking supplies at home.

I understand that disregarding camp policies will result in being sent home.

Signature of Camper \_\_\_\_\_

Drift Creek Camp is a Christ-centered ministry of the Mennonite Camp Association of Oregon, Inc

**Return Form to: Drift Creek Camp • PO Box 1110 • Lincoln City OR 97367**

Telephones: Camp 541-264-5067 / Office 971-600-1244

Email: [info@driftcreek.org](mailto:info@driftcreek.org)

Registration

Medical

Acknowledgement