

***Camp Use Only**
Counselor: _____

Oakcrest Girls Camp Buddy Registration

Week # _____
Camp Date: _____

Please complete legibly with dark pen.

The Laurel Buddy Agreement must be filled out and attached to this form.

Name: _____ Birth Date: _____ Age: _____ Shirt Size: _____
(Adult sizes S M L XL XXL)

School grade completed in June of this year: _____ Religion: LDS Other
(This is an LDS camp and religion will be taught.)

Which language is most used by the camper? English Spanish Other _____

Lives with: Mother Father Both Other _____

Mother's Name: _____ Mother's Cell Phone: _____

Father's Name: _____ Father's Cell Phone: _____

Home Address: _____ Parent E-mail: _____

Home Stake: _____ Home Ward: _____

If attending with a different stake, please write the stake name here: _____

Roommate: Please list the name of the girl you will be assisting. Make sure she has also listed you.

Please Read and Sign Below

1. My daughter and I acknowledge that we have read the published camp information and policies found in the "About Oakcrest" form, and we agree to abide by these policies. **We understand that failure to do so may result in the camper being sent home from camp.**
2. I give permission for appropriate photographs and/or videos to be taken of my daughter while at camp to serve as information or publicity for future camps.
3. I understand that my daughter may be participating in physical activities that include a zip-line, an obstacle course, target shooting, hiking, a foam slide, and a giant swing and give my permission for her to do so. We understand that there is a certain amount of risk inherent in the activities that are part of the camp experience, and we accept these risks; otherwise, we will notify the staff in a separate document and attach it to this registration form.
4. I understand that my daughter may be doing an on-line indexing project and will be accessing this through her personal lds.org account.
5. My daughter and I understand that her primary role is to assist her buddy and that she may not be able to participate in all camp activities.
6. In the event of illness or injury occurring to my daughter at Oakcrest, I give permission for the staff to administer basic first aid. Should further treatment be required, I consent to the release of provided medical information, as needed. I also consent to medical treatment considered necessary in the best judgment of the attending physician, performed by or under the supervision of a member of the medical staff at the hospital/clinic providing medical services. It is understood that in the event of serious illness or injury, attempts will be made to reach me at the phone numbers provided on this card. If my daughter needs to be transported to a hospital or clinic, I give my permission to allow Oakcrest staff to transport her and agree to send an adult family member to meet her at the hospital/clinic. Oakcrest staff will then turn her care over to that family member. I understand that there are no licensed medical staff at Oakcrest
7. I testify that all of the information on this form is correct to the best of my knowledge. I have described all dietary issues, physical/emotional problems, and/or chronic illnesses. **I understand that all campers must be self-care in order to attend camp.**

In signing below, you acknowledge that you have read and understand the information above.

Camper Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Bishop Signature: _____ Bishop's Printed Name: _____

Bishop's Cell Phone: _____ * The Bishop will be the contact person for ecclesiastical or disciplinary actions.

Comments from Bishop or YW Leader: _____

Bus Ticket

(Please fill out and leave attached; stake leader will detach. Do not write on "Bus #" line.)

Name: _____ Parent Cell Phone: _____

If attending with another stake, write the stake name here: _____ Bus # _____