

OBCS WOW Camp

1605 N. College Street • Newberg, OR 97132 • 503-538-9833 / 503-538-4470

Camper Information (Please Print)

Last Name _____ First _____ MI _____ Nickname _____
Date of Birth _____ Age _____ Sex: M F School & Grade or Teacher _____
Address _____ Home Ph _____
City & Zip _____ E-Mail _____

Parent(s) Living With Child

Marital Status _____

Father / Step _____ Mother / Step _____
Employer & City _____ Employer & City _____
W Ph _____ Cell _____ W Ph _____ Cell _____
ODL _____ ODL _____
Religious Denomination _____ Religious Denomination _____

Parent NOT Living With Child

Name _____ H Ph _____
Address _____
Employer _____ City _____
Work Ph _____
If divorced or separated who has custody? _____

Are there any factors in your child's life such as an absent parent, limited visitation rights, No Contact Order, etc.? A copy of Court Order must be on file.

WOW CAMP DATE(S)

1. _____
2. _____
3. _____

EMERGENCY CONTACTS

(Not Parent or Guardian)

Name _____ Ph _____
Name _____ Ph _____
Name _____ Ph _____

AUTHORIZATIONS

1. WOW Camp has my permission to call an ambulance for my child in case of an emergency. () Yes () No
2. I authorize the Camp staff to seek medical attention in the event of sudden illness or accident and I understand I will be contacted immediately. () Yes () No
3. The Camp may take pictures of my child during activities. () Yes () No

~ No information is sold or given to 3rd parties. ~

Health Information

Allergies Mild () Moderate () Severe () _____

Physician _____ Ph _____
Health Care Provider _____ Policy # _____
Dentist _____ Ph _____

Parent/Guardian _____ Date _____