

**ASCENSION SCHOOL**  
**EPISCOPAL CAMP & CONFERENCE CENTER**

P.O. BOX 278, COVE, OR 97824  
 541-568-4514

Name \_\_\_\_\_ Sex  M  F Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade in Fall \_\_\_\_  
 Last First Middle  
 Address \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip  
 Custodial Parent/s \_\_\_\_\_ Home Telephone \_\_\_\_\_  
 Area/number  
 Work Telephone \_\_\_\_\_ Cellphone \_\_\_\_\_  
 Area/number  
 If not available in an emergency, notify  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
 Area/number

**ASCENSION SCHOOL CAMPS AND CONFERENCES**

**All fees are per person unless noted**

|   | <b>Camp</b>                          | <b>Date</b>        | <b>Grade</b>             | <b>Cost</b> |
|---|--------------------------------------|--------------------|--------------------------|-------------|
| Please check which camp you will be attending.                                | <input type="checkbox"/> Senior High | <i>6/23 - 7/3</i>  | 9 - 13                   | \$290.00    |
|   | <input type="checkbox"/> Discovery   | <i>7/9-7/11</i>    | Pre K- 3                 | \$ 85.00    |
|   |                                      |                    | Accompanying Adult       | \$ 85.00    |
| For Discovery and Continuing Education - use one registration form per family | Accompanying Adult _____             |                    | Relationship _____       |             |
|   | Other children _____                 |                    | Age _____                |             |
|   | _____ Beginners                      | <i>7/12 - 7/18</i> | 3 - 5                    | \$240.00    |
|   | _____ Jr. High                       | <i>7/19 - 7/25</i> | 7 - 9                    | \$240.00    |
|   | _____ Intermediate                   | <i>7/26 - 8/01</i> | 5 - 7                    | \$240.00    |
|   | _____ Adult Education                | <i>7/30- 8/2</i>   | Adults                   |             |
|   | Dormitory, RV or Tenting             | Single \$200.00    | Couples                  | \$330.00    |
|   | Kimsey Commons                       | Single \$330.00    | (dbl. occupancy) Couples | \$545.00    |
|   | Call us for adult scholarships!      |                    |                          |             |

Local Parish Affiliation - Diocese \_\_\_\_\_

**Please complete this section IF camper is 17 years or younger**

This person has my permission to attend the aforementioned Ascension School activity. I agree to hold harmless Ascension School, its employees or agents for any injury, illness, or liability, except if it should be attributed to gross negligence on the part of Ascension School, its employees or its agents.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Parent or Guardian Signature  
 Check if you **DO NOT** give permission for photographs taken of your child to be used for camp promotions

**Please complete this section IF you are 18 years old or older**

I agree to hold harmless Ascension School, its employees or agents for any injury, illness, or liability, except if it should be attributable to gross negligence on the part of Ascension School, its employees or its agents.

**X** \_\_\_\_\_ Date \_\_\_\_\_

**Camper Name** \_\_\_\_\_  
 Last First

| <b>Bus Transportation</b>  | <b>Pickup Point</b> | <b>Round trip</b> | <b>*One-way</b> |   |
|--|---------------------|-------------------|-----------------|---|
| ·Bus transportation is available for all camps <u>except</u> Discovery and Art camps           | Bend                | \$55.00           | \$40.00         | ·Please circle pickup point and amount.<br>*If one-way, write "to" or "from" camp |
| ·Biggs Junction, and Arlington are flag stops, please contact Ascension to make a reservation. | Redmond             | \$55.00           | \$40.00         |   |
|  | Madras              | \$55.00           | \$40.00         |   |
|  | The Dalles          | \$55.00           | \$35.00         |   |
|  | Hermiston           | \$40.00           | \$32.00         |   |
|  | Pendleton           | \$40.00           | \$32.00         |   |

**Person authorized to pick up camper at camp or bus drop point** \_\_\_\_\_

**Program Cost** \$ \_\_\_\_\_

**Bus Transportation** \$ \_\_\_\_\_

**Ascension School T-Shirt \$15** \$ \_\_\_\_\_ Adult size: S M L XL XXL XXXL

**Ascension School Hooded Sweatshirt \$30** \$ \_\_\_\_\_ Adult size: S M L XL XXL XXXL

**Ascension School Fishermen Hat \$12\_\_ or Bag \$12\_\_** \$ \_\_\_\_\_ (Circle one)

(Check one)

\$ \_\_\_\_\_ **TOTAL COST**

Deposit \$ \_\_\_\_\_

Local Scholarship \_\_\_\_\_ \$ \_\_\_\_\_ Check # \_\_\_\_\_

Authorized signature for Local Parish \_\_\_\_\_

Diocesan Scholarship \_\_\_\_\_ \$ \_\_\_\_\_ Check # \_\_\_\_\_

Authorized signature for Diocese \_\_\_\_\_

Other payments \$ \_\_\_\_\_

Received Store order Yes/No \_\_\_\_\_ Check # \_\_\_\_\_ **TOTAL PAID**

(Office use) \_\_\_\_\_ Check # \_\_\_\_\_ \$ \_\_\_\_\_ **DUE ON ARRIVAL**

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**IMPORTANT! This section must be COMPLETED for attendance at all Ascension activities**

This following health form is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted below.

**Authorization for Treatment:** I hereby give permission to the medical personnel selected by Ascension School to order X-rays, routine tests, treatment, arrange for or provide necessary transportation and to release any records necessary for insurance purposes for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Ascension School to secure and administer treatment, including hospitalization, for my child as named above. This completed form may be photocopied for trips out of camp.

**Signature of parent or guardian or adult camper** \_\_\_\_\_ **Date** \_\_\_\_\_

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

Last First Middle

Is the above person in good health and able to participate in normal camping activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give reason \_\_\_\_\_

Has above person had a tetanus shot in the last three years? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Does above person suffer from any **known allergies**? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what allergies? \_\_\_\_\_

Indicate treatment for allergies \_\_\_\_\_

Any medication to be administered at camp \_\_\_\_\_

Prescription medication **must be in the original containers** with label giving instructions and doctor's name.

All medications (except inhalers) will be held and dispensed by Camp Personnel.

Is above person allergic to any medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, what medications? \_\_\_\_\_

Is above person subject to: \_\_Ear infections \_\_Asthma \_\_Convulsions \_\_Diabetes \_\_Headaches \_\_Bed wetting \_\_Learning problems \_\_Sleep walking \_\_Psychiatric Care

Has this person current immunizations? \_\_Polio \_\_Measles \_\_Mumps \_\_Rubella \_\_Chicken Pox \_\_Exemption

**Anything else Ascension School staff should know?** \_\_\_\_\_

Name of personal Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Name of personal Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Telephone \_\_\_\_\_ Policy #/ID# \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship \_\_\_\_\_